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WELFARE in REVIEW

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U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

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Population Dynamics and Poverty in the United States

Implications for Family Planning Programs

CATHERINE S. CHILMAN*

This article presents in summarized form major population trends, with particular reference to the United States and with even more particular reference to certain groups within the United States: the poor, the nonwhite, and families headed by a woman. Included in this summary are the chief findings of recent surveys concerned with attitudes toward family size and family planning and with family formation and family income.

Increasing population pressures in many parts of the world, including the United States, are generally recognized as a major contemporary problem. Before focusing on the nature of these pressures in this country, with a specific consideration of their association with poverty, a quick look at the global picture is in order.

As of mid-1965, world population climbed to a new high of three and one-third billion, marking an annual increase of 2 percent and accounting for some 65 million additional persons in 12 months. It is estimated that if present growth trends continue, the population of the world will more than double by the year 2000. In 1965, there was a world ratio of births to deaths of about 2 to 1, brought about to a large extent by medical and related advances that have drastically curtailed death rates in many parts of the world. With a continuation of present trends, seven-eighths of the world's increase in the next 35 years will be found in the developing countries of Asia, Africa, and Latin America. Vital statistics reveal that none of the developing countries has yet achieved an effective reduction in traditionally high fertility. In these areas, birthrates** range from 30 to over 50, as compared with rates of 16 to 22 in most industrialized countries. Death rates have been declining worldwide during the past 20 years. Barring disaster, the death rate is expected to continue to decline.

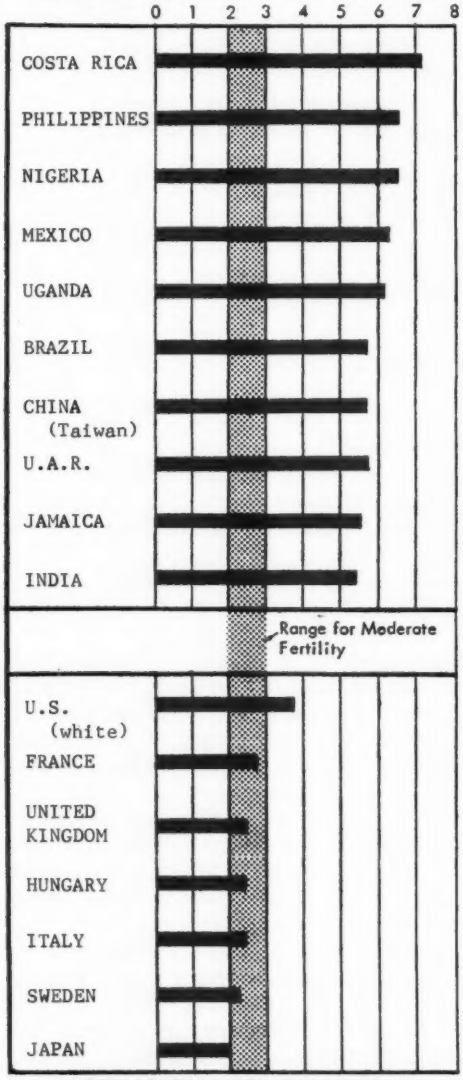
The number of years required for population to double in a country today varies from 16 years for Costa Rica to 175 years for Hungary. In general, the nations with the heaviest load of poverty are experiencing the fastest growth in numbers. The economic gap between the affluent and the disadvantaged nations is tending to increase. [1]

* Division of Research, Welfare Administration
For references, see end of article.

** The terms "fertility rates" and "birthrates" appear from time to time throughout this paper. The first term indicates the rate of births in a given year per 1,000 women of child-bearing age in the population; the second term indicates the rate of births in a given year per 1,000 persons in the population.

Figure 1

FERTILITY RATES OF SELECTED COUNTRIES



OPERATION BIRTH-BALANCE

To slow down rapid population growth, births must be cut back to a moderate level in order to achieve a balance with current low mortality. (The high fertility figure for the United States is due to the persistent baby boom during the 1950's.)

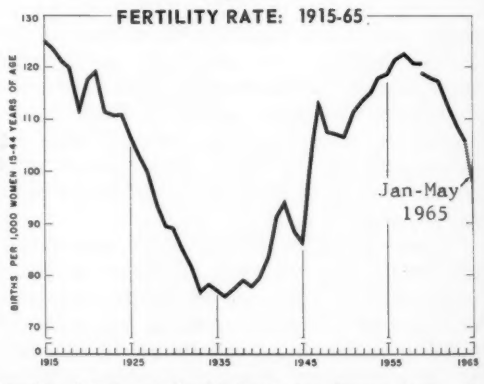
"Needed: A Population Policy for the World," Bulletin, XXI, 2, May 1965, published by Population Reference Bureau, Inc., Washington, D.C. Used by permission.

Population Growth in the United States

The high birthrate in the United States is seen by many demographers as a problem at all socioeconomic levels. This country, which has doubled in population size during the past 50 years, stands between the industrialized countries of Europe and the developing countries of Asia and Latin America in terms of its birthrate. (Figure 1) Although the United States is predominantly an urbanized nation--over 70 percent of its people live in urban areas--its birthrate pattern more closely resembles that of a generally rural country.[2]

A graphic picture of fertility rate trends in the United States over the past 50 years is presented in Figure 2. A generally downward national trend obtained from 1915 to 1935, with a trough during the Depression years. During World War II, fertility rates rose, albeit somewhat unsteadily, and proceeded to spurt upward during the mid-forties and into the late fifties, with a peak in 1945 and a still higher one in 1957. Since 1957, there has been a continued decline of this rate, reaching a relative low of 95 per 1,000 by late 1965.

Figure 2



Monthly Vital and Health Statistics Report from the National Center for Health Statistics, U.S. Dept. of Health, Education, and Welfare.

For those who are alarmed about the country's growing population the downward trend of the fertility rate over the past seven years may seem reassuring.

Such reassurance, however, may be without a solid base. Among the reasons for this statement are the following:

1. Although the trend is downward, it is still over 20 percent higher than that of the middle thirties. An important aspect of the earlier decline in fertility rates--the desire of some women to avoid childbearing altogether--appears to be lacking now. Among the ever-married women who were born between 1906-1910 and were of childbearing age between 1925 and 1950, 23 percent never had children. Recent surveys of attitudes of younger women toward family size suggest that all but a very few of them want children.[3]

2. The current decline in the fertility rate may be related to the possibility that young people today are not starting their families at quite so young an age as their older brothers and sisters did in the middle fifties. With more pressures for higher levels of education and with a higher youth unemployment rate, today's young married people may be deferring parenthood until they are a bit older. If this is the case, the fertility rate may begin to rise again in the near future, especially as employment opportunities for young people continue to improve.

The nature of future population growth in this country "lies in the hands of the childbearing couples, now between the ages of 20 and 30 years. Their decisions will have far-reaching implications on all aspects of American life. Their decisions will determine whether in 35 years United States population will total 300 or 400 million people."[4] The planning of these couples may be affected by the rising costs of rearing children. For instance, the Institute of Life Insurance recently reported that it costs $23,835 or more to raise a child to age 18 for those families with today's average annual income of $6,600.00.

3. Population growth has been closely related to a sharp decrease in the death rate, especially in the case of the infant death rate and especially as the latter has been reduced over the past half-century. As of 1965, for instance, the national birthrate was still almost twice as high as the national death rate.*

4. Even though the fertility rate may continue to decline--or remain at its present lowered levels--the *number* of babies born each year is almost certain to increase for at least the next decade because the baby boom of the mid-forties and fifties will (very likely) create a parenthood boom in the mid-sixties and seventies. For example, as of 1965 there were 6.8 million women between ages 20-24 in the population. By 1970, the numbers in this age and sex group will increase to 8.5 million--a gain of 25 percent.[4]

5. A later start in family formation should have a positive effect in slowing the rate of long-term population growth, partly because this would tend to increase the time span before a new generation is founded. One of the reasons for the population spurt during the past 25 years has been that men and women have tended to marry at a young age (Table I) and to become parents soon thereafter. Thus, there has been a tendency for three generations to develop in the time period that formerly produced two generations. Recently, there has been a very slight increase in the median age at marriage, compared to the late 1950's, as shown in Table I.[5] If present slight trends toward somewhat later marriages and somewhat lower birthrates strengthen, there may be reason to hope that anticipated population pressures will be rather less than some have predicted.

In brief, the people of the United States have adjusted less rapidly than those of other highly industrialized urban nations to two major tendencies: a decreasing death rate and increasing urbanization.

With the presently low death rate and a continuation of the 1960-61 birthrate (yielding an annual population growth rate of 1.63 percent), the population projections for the next 100 years would give this country a total of nearly a billion people.[6] With a birthrate similar to that of 1933,

---

* *Computed from data obtained from the National Center for Health Statistics, Public Health Service, U.S. Department of Health, Education, and Welfare.*

Table 1. Median Age at Marriage, United States, 1890-1964

	1890	1910	1920	1930	1940	1950	1960	1964
Men	26.1	25.1	24.6	24.3	24.3	22.8	22.8	23.1
Women	22.0	21.6	21.2	21.3	21.5	20.3	20.3	20.5

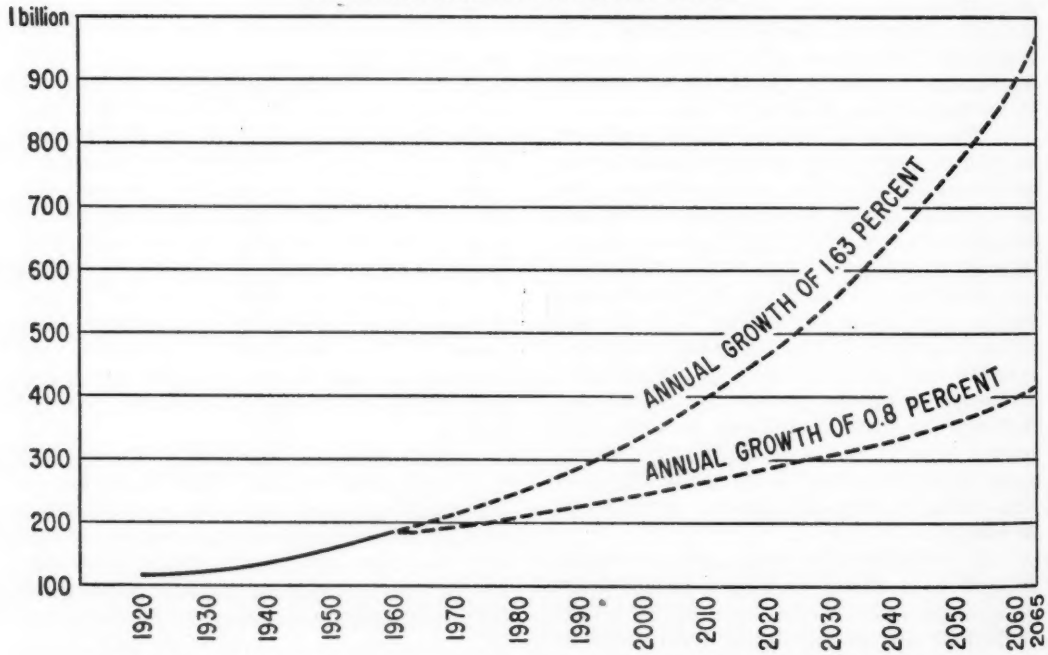
population expansion would probably lead to less than half this total. (Figure 3)

There are a number of reasons why lowered birthrates are considered to favor effective adjustment to the conditions of urban life. Among them are the following: children are less of an economic asset to the city dweller than to the farmer; the crowded and complex conditions of city life make childrearing more dangerous and difficult; and urban children are dependent for a longer period of time, requiring more intensive and extensive educational preparation to adapt to urban, industrial occupations.

Many population and community resources experts see a continued upsurge in population growth as a threat to the national welfare. They forecast: a strain on the health, education, welfare, housing, and employment resources of the nation; a drain on natural resources; and pressure on other facilities such as the transportation system.[7] A number of observers point out the dangers to the full development of individual potentiality in a mass society,

Figure 3

POPULATION GROWTH IN THE UNITED STATES



Projected growth of U.S. population on the assumption that it continues to grow (A) at the 1961-62 rate of 1.63 percent per year and (B) at the minimal rate of 0.8 percent per year.

The American Assembly, "The Population Dilemma" 1963, by permission of Prentice-Hall, Inc.

and President Johnson has enunciated a fundamental philosophy for our age in putting emphasis on a society of high quality rather than one devoted to sheer quantity.

Because of our rapid growth in population and its predicted adverse results, some demographers recommend a general reduction in the birthrate at all socio-economic levels. For example, one less child born to each of today's women of childbearing age would most probably result in 70 million fewer members of the population by the end of the century.

Poverty and Population Growth

The foregoing presentation emphasizes the overall high rates of population growth in the United States and the threats this growth offers to all sectors of society. However, there is a tendency in some quarters to view high fertility rates as a particular problem preserve of the poor. While this view is a somewhat inaccurate and myopic one, poor families are likely to differ from more affluent ones in terms of family formation, family size, and child-spacing.

In the first place, a larger proportion of low-income families have more than five children. In 1962, 54 percent of the families with five children and 44 percent of those with six children had incomes below $4,000.[8] As Mollie Orshansky points out, "Of the 15 million children being reared in poverty, 43 percent are growing up in a home with at least five youngsters under age 18. Indeed, the poverty rate among families rose sharply from 12 percent when there was one child in the home to 49 percent when there were six or more children. The poverty rate for all families with five or six children is 3½ times as high as for families with one or two children."[9] The poverty aspects of this situation are emphasized when one considers what these figures mean in terms of average per capita income.

Another way of viewing family size and family income is presented by the figures in Table II which reveal that in 1959 the average number of children ever born to women in the 35-39 age bracket varied from 2.5 children for families with an annual income of $7,000 or more a year to 3.7 children for families with an annual income of $2,000 or less.[8 10]

Table II. Family Income and Family Size in 1959 for Women in the 35-39 year old age brackets

Family income	Children ever born
Under $2,000	3.7
$2,000-$7,000	2.9
$7,000 and over	2.5

Alvin Schorr in a recent article analyzed certain family life patterns and their association with poverty.[11] Early age at marriage, early age of mother at birth of first child, large family size, children born more closely together, and a greater span of years of childbearing are behaviors more likely to occur for low-income families, and these behaviors tend to keep such families poor.

Moreover, very young marriages, with the bride being age 17 or younger, are apt to be more fragile than others. A number of studies show a close relationship between early age at marriage and later divorce,[12] and a considerable body of research reveals that those who marry before age 22 or thereabouts are more likely than those who marry later to rate their marriage as unhappy by the time they have reached middle age.[12] A very high proportion of the marriages of high school students apparently involve premarital pregnancy,[11 12] so that the youthful bride and groom are likely to face leaving school, parenthood, and unemployment, or exceedingly low employment status, all in a short space of time.

Mr. Schorr marshals census data and evidence from a number of studies of occupational mobility to show the important positive association between later marriage, fewer and later-born children, marital stability, and higher level career development of husbands and fathers. He quotes Wilensky, who writes of the "life cycle squeeze" that entraps many men with early-born and numerous progeny.[13]

From the woman's point of view, a large number of children born over a long period of years may well constitute a threat to her health and that of her children, especially in the case of babies born less than a year apart and those born while the mother is in her teens or when she is over the age of 32 or thereabouts.[14]

Among the studies reviewed by Schorr is that of Freedman and Combs.[15] These investigators conducted an intensive series of interviews in 1962 with a probability sample of 1,000 white married women in the Detroit Metropolitan area who had their first, second, or fourth-born child. After analyzing the data in terms of relationships between low family income, family size, and time periods between marriage and the birth of each child in a family, Freedman and Combs concluded that, ..."Those who have their children very quickly after marriage find themselves under great economic pressure, particularly if they married at an early age. Opportunities for education or decisions involving present sacrifices for future goals are difficult. They are less able than others to accumulate the goods and assets regarded as desirable by young couples in our society. They are more likely...to lose interest...in the competition for economic success. If such a syndrome does exist in fact, it would be of considerable importance for the economy and for programs concerned with family planning."[15]

Further details from this study are important to note. The investigators reported that wives (with their first child) whose family incomes were under $3,000 a year married on the average at age 19, compared to first parity wives with family incomes of over $9,000 a year, who married at an average age of 22.7 years. One-third of the first parity low-income wives were pregnant at marriage, compared to 5 percent of the higher income group. Wives who were premaritally pregnant were found to be in a particularly poor economic position throughout their married careers. A direct correlation was found between longer child-spacing, absence of premarital pregnancy, and greater accumulation of economic assets by the family.[15]

The association between continuing poverty and early family formation is probably related to a variety of factors aside from situational pressures mentioned above. In seeking the cause of any social phenomenon, one must look for many roots: cultural, psychological, environmental, historical, and biological-constitutional. While such a many-pronged search and discussion is not possible here, it is suggested that this association is not a simple product of inappropriate timing. One must consider the variety of reasons that can lead a variety of individuals to become the teen-age married, school dropouts, early parents, and the like. A combination of social, psychological, economic and biological factors probably leads to these maladaptive behaviors (in terms of today's society) and would tend to continue to play a part in later financial, familial, and occupational problems.

There is considerable evidence[16] that working wives make a substantial contribution when they add their wages to those of their husband's and that this contribution makes it possible for many families to move above the "poverty line." For instance, half of the families who were in the $7,000-$15,000 a year income bracket in 1962 owed part of this higher income to the fact that wives, as well as husbands, were employed. Women who work during the early years of their marriage and defer pregnancy are more apt to have children spaced over a longer period of time and to belong to families which, over the years, achieve a better economic position.[11]

Families of working women tend to be smaller, in general, partly because of the motivation of these women to control family size; a small number may be working because they have few or no children, owing to sterility problems. It is likely that working mothers tend to be upwardly mobile and to belong to the "working class poor"--quite a different socioeconomic group from the long-term chronically unemployed or underemployed "very poor."[17] On the other hand, women

in the lowest income groups (family income under $2,000 a year) tend to have an above average number of children, whether they are in the working force or not. In the case of these women at the bottom of the economic heap, however, there is small probability that they will be in the labor force.

It is well known that there is a close association between low education and low income. Moreover, women with scanty education tend, on the average, to have a bountiful supply of children, as the figures in Table III indicate.[18]

Table III. Education of Ever-Married Women, Aged 35-39 Compared to Number of Children Ever Born

Education of women	Children ever born per ever-married woman
No education	4.7
Elementary	
1-4 years	4.5
5-7 years	3.9
8 years	3.3
High school	
1-3 years	3.1
4 years	2.8
College	
1-3 years	2.8
4 years	2.7
5+ years	2.5

The relationship between very low income and large family size is also partly a relationship between rural residence or rural origins. Evidence is increasingly emerging that urbanized low-income families tend not to be markedly larger than those of other urbanized socioeconomic groups.[19]

Although families with less education, lower employment status, rural origins and lower incomes generally have larger families, recent investigations show that women at these levels are similar to more advantaged groups in terms of the number of children they would like to have--family size preferences tend to run from two to four children. However, poor women are likely to have more difficulty in restricting family size and/or in spacing their children. Difficulties in effective family planning obtain most pervasively for women with an eighth grade education or less.[20 21 22]

A 1960 study showed that while some form of fertility limitation is nearly universal in the United States, wives with little formal education are less likely to use contraceptives, especially in the early stages of family formation. It would be inappropriate, however, to equate difficulties in fertility control with lack of education beyond the eighth grade since many factors affect the level of educational attainment: regional (including rural-urban), race, educational opportunity, socioeconomic level of family of origin, learning aptitudes, cultural values, and physical and emotional health. The same factors that tend to reduce educational attainments are also likely to affect contraceptive effectiveness. Other specific factors that adversely affect fertility control, of course, are lack of readily available, free or low-cost family planning clinics and contraceptive supplies plus ignorance about sex and reproduction.

In summary, then, large family size is most likely to occur in the case of women who have the following characteristics: family income of less than $2,000 a year, unemployed and out of the labor force, rural residence or rural origins, and educational level of eighth grade or less. While urbanized low-income families are less likely to have unusually large families, they are more likely than urbanized stable working class and middle-income families to marry earlier and have their children sooner and closer together. These behaviors tend to lead to and be associated with continuing low-income status. Women at all socioeconomic levels generally hold similar values toward desired family size and the use of contraceptives, but women at the lowest socioeconomic levels have more difficulty in planning and spacing the birth of their children.

While the above discussion has focused on the behavior and attitudes of women in reference to rate of family growth and expected or completed family size, this does not mean that the role of men is considered unimportant. However, related surveys on large, random samples of American men have not been carried out. Investigators who have conducted family growth studies have not included male subjects partly because of the difficulties involved in interviewing men during the working day. More intensive sociological, psychological, and anthropological studies of male attitudes regarding family size and family planning are currently under analysis by the author.[23 24 25]

Poverty, Family Size, and Race

The main reason for examining white-nonwhite fertility rates here is that there is a much higher rate of poverty for nonwhite (chiefly Negro) groups. According to analyses of 1960 Census data, 14 percent of white families with own children were found to be below the poverty line, while this was true for 47 percent of nonwhite families with own children. (Poverty is defined in this instance as annual family income of less than $3,000 per year.) In 1963, 60 percent of nonwhite children under age 18 lived in poverty compared to 16 percent of white children.[9]

The curve of fertility rates of nonwhite groups compared to white groups, as shown in Figure 4, reveals that nonwhite rates have been consistently higher since 1920, when data of this sort were first collected. Since 1947, the fertility rates of nonwhites have grown at a much more rapid rate than those of whites, reaching a peak in 1958. Since that time, nonwhite fertility rates have dropped somewhat more rapidly than white ones, although as of 1964 they were still considerably higher.

The following factors are probably primarily responsible for this phenomenon: a higher proportion of nonwhites than of whites are of Southern rural background; there has been an especially sharp drop in nonwhite infant and maternal mortality rates in the past 45 years owing to the increased attention which has been given to adequate maternity and infant care for all relevant members of the population*; the lower average education of nonwhite, compared to white, groups; the lower average occupational and income status of nonwhites; a greater drop in sterility rates for nonwhites (partly related to better medical care)**; the greater proportion of nonwhite women who have five and six child families; and a higher ratio of young women in their prime childbearing years in the nonwhite than in the white population.[26 27]

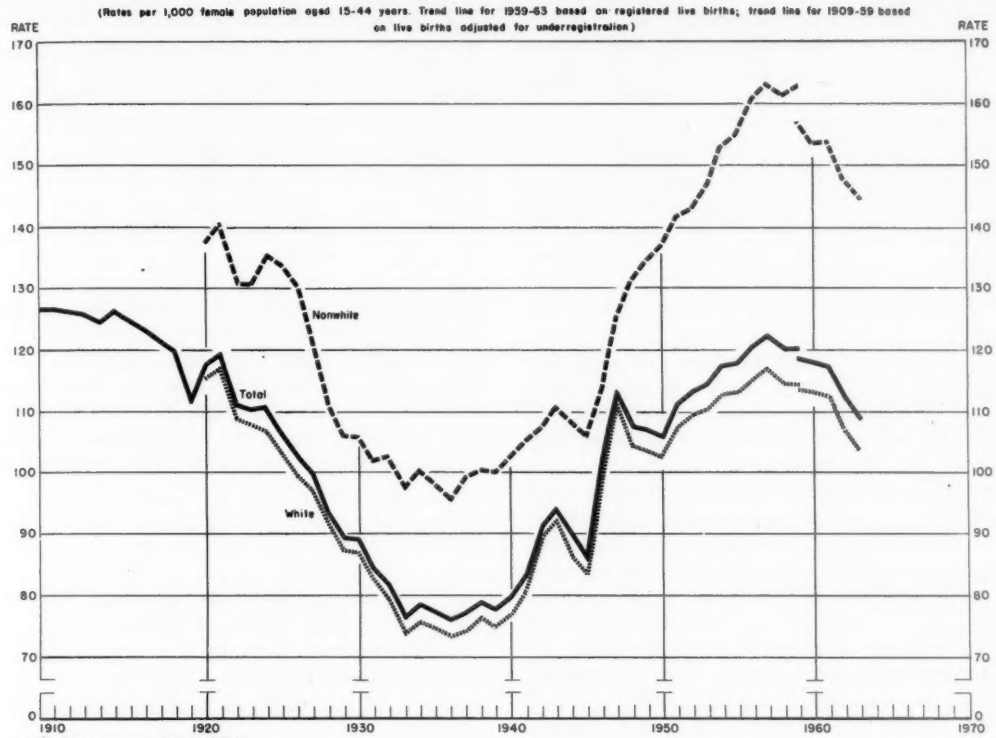
The relation of high nonwhite fertility rates to low educational and occupational status is revealed by the smaller average family size of the more highly educated nonwhite groups in clerical, managerial, and professional employment. Moreover, a recent study disclosed that Negro women of higher socioeconomic status tend to marry later than low-income Negro women, and to space their smaller families over a longer period of time.[28]

** Nonwhite infant birth deaths dropped from a rate of 17.7 in 1920 to 10.1 in 1963, while white infant death rates dropped from 12.6 to 9.5 during the same period.*

*** One aspect of this improved medical care is that 89 percent of nonwhite deliveries were in hospitals in 1964, contrasted to 18 percent in 1935.*

Figure 4

FERTILITY RATES: UNITED STATES



HEW Indicators, Sept. 1965

The importance of regional factors is highlighted by the fact that "by the time nonwhite couples are one generation or more removed from the rural South their fertility is very much like the white population."[28]

The significant role played by income is presented in Table IV which is based on 1960 census fertility differentials for white and nonwhite women aged 35 to 39.[26]

In light of the foregoing evidence, it is anticipated that nonwhite fertility ratios will become more similar to those of whites as nonwhites become increasingly acculturated to urban living and as their educational, income, and occupational opportunities improve. However, somewhat as in the case of most low-income, poorly educated, predominantly rural women, nonwhite women, on the average, are found to be less able to achieve their expressed wishes for small family size. Recent published studies reveal that, on the average, nonwhite wives want fewer children than white wives; this is particularly true for urban nonwhite women, in regions other than the South, and for nonwhite women who have more than an eighth grade education. Although there is a stronger tendency for disadvantaged nonwhite women to have more children than they wish, nonwhites at all educational and income levels tend to have more difficulty than whites in this regard. Contrasted to comparable white groups, nonwhites at most educational levels have less tendency to use contraceptives, especially at an early point in their marriages; this tendency is strongest for those with a grade school education and current rural residence.[21 28 29]

Table IV. White-Nonwhite Fertility Differentials in 1959 for Ever-Married Women, Aged 35-39 years, According to Annual Income

	Children ever born		Index	
Income	White	Nonwhite	White	Nonwhite
Under $2,000	3.32	4.43	100	100
$2,000-$7,000	2.81	3.28	85	74
$7,000+	2.48	2.47	75	56

Fatherless Families

Fatherless families are especially likely to suffer from poverty along with other disadvantages. The average number of children in such families is about the same as in two-parent families, but female-headed families have less than half as much to live on, as shown in Table V.[30]

About 10 percent of the children in the United States are living with only one parent, usually the mother. Low-income families, in general, are more apt to suffer from divorce, desertion, and separation.[17] Family breakdown rates are somewhat higher for nonwhite families. Thus, nonwhite children are more likely to live with only one parent--this is the case for about one-third of them.[30]

The most basic factors associated with higher rates of marital breakdown for nonwhites are likely to be: (a) long-term, extreme poverty; (b) the impact of urbanization on rural newcomers; and (c) the high unemployment rates of Negro males.[31] [32] The birth of unplanned-for children (often born early in the marriage and close together) usually adds serious strains to an already burdened marital situation. (See also p.5). Simple, free or low-cost, effective family planning services, along with other remedies, would seem likely to lower the rate of marriage breakdown.

Illegitimacy

Certain aspects of national trends and differential rates of illegitimacy are considered here primarily because of the highly disadvantaged position in our society of children who are born out of wedlock.

The illegitimacy ratios (number of illegitimate births to 1,000 live births in a year) increased markedly between 1940 and 1963.[27] However, these ratios should be looked at with caution, for the following reasons: (a) National data regarding illegitimate births are of dubious accuracy; they are based on reporting from only about two-thirds of the States and many

Table V. Income of Families With Children According to Race and Family Composition

	Family status	Median dollar income 1961	Children per family
White			
	Husband-wife	$6,510	2.4
	Mother-only	2,675	2.1
Nonwhite			
	Husband-wife	3,895	3.0
	Mother-only	1,665	2.8

out-of-wedlock births are probably not reported as such. (b) An important factor in rising illegitimacy ratios may be related to increasing hospital care for mothers at childbirth; thus, more is known about the occurrence and legal status of such births. (c) Ratios and rates constitute two different ways of looking at figures such as these. While ratios represent the proportion of illegitimate, per 1,000 live, births in a year, rates represent the proportion of out-of-wedlock births per 1,000 unmarried women of childbearing age. In using the latter computation base, the total "at risk" group in the population is considered.[33] According to an analysis by Elizabeth Herzog of the Children's Bureau, the rate of illegitimate births has risen with relative steadiness over several decades. Between 1957 and 1964, this rate has "oscillated within about two points and, in effect, represents a seven-year plateau." Rates for teenagers have increased less than for other age groups, and for those under age 14 the rates have not increased since 1947.[33]

While rates give a more accurate picture of the situation than do ratios, both are more useful ways of considering the problem of illegitimacy in terms of national trends than is the use of sheer numbers of out-of-wedlock births per year. The number of such births has greatly increased during the past 20 years largely because the total population of women of childbearing age has greatly increased. The growing number of illegitimate births (over 259,000 in 1963) has created very serious problems for the individuals affected, as well as for community resources--medical, social, and economic--that are needed to aid the persons involved.[33]

The ratio of illegitimate nonwhite births in 1962 was reported to be seven times that of white ones.[27] The following reasons for this higher ratio have been advanced by various scholars: (a) less frequent use of contraceptives and abortion among nonwhites; (b) a greater tendency for reporting nonwhite illegitimate births; (c) less tendency among nonwhites to engage in forced marriages to legitimize children; (d) reluctance to lose a public assistance grant by admitting to a husband in the home*; (e) the expense of divorce and legal separation; (f) a disproportionate number of nonwhites at a low socioeconomic level; (g) high unemployment rates of Negro males (thus rendering marriage unattractive and unfeasible to both women and men); and (h) the impact of urbanization on rural immigrants and the associated breakdown of previously held life styles.[29 31 34] In connection with this last point, there is considerable evidence to indicate that high rates of illegitimacy in the United States are more an urban than a rural pattern for both whites and nonwhites. While the higher rates of nonwhite illegitimacy can be explained, the severity of the problem cannot be overlooked. It would seem to be one of a number of factors in so-called generation-to-generation poverty. Out-of-wedlock children, in general, are less likely than others to get a good start in life. This tends to be especially true for those who are nonwhite. Poor nonwhite children and their mothers are far less apt than illegitimate white children and their mothers, especially those of higher socioeconomic status, to get the help and social services they need.[33]

SUMMARY

The present rate of population growth in many parts of the world is extremely--and often dangerously--rapid. This population upsurge is chiefly brought about by accelerated medical advances which have sharply reduced death rates. Birthrates, however, have tended to remain high.

The birthrate in the United States is double that of the death rate and is considerably higher than that of other industrialized urban countries. Youthful age at marriage, early family formation, and a high birthrate have been characteristic of the United States for the

** In all but 18 States, mothers are unable to receive a public assistance grant under the Aid to Families with Dependent Children program if there is an able-bodied man in the home.*

past twenty years. These factors have resulted in a nationwide population boom which will continue for at least another generation, even if the birthrate declines.

This population upswing is viewed by some experts as offering a threat to the resources of this country: health, education, communication, transportation, housing, employment, water, and air.

Although the United States is predominantly urban, its fertility rate more closely resembles that of a rural nation. The complexities and demands of an urban environment are generally seen by social scientists as being inimical to the development of a population of high quality when families are large.

A number of specialists in the field of population and community resources aver that the high birthrate in this country is a problem at all socioeconomic levels and recommend that family size be limited even by families that can easily afford to have a large number of children.

While the high birthrate is a general cause for concern at all socioeconomic levels, it is also a contributory factor to poverty. In brief, poor families, compared to others, are more likely to be big ones--a disproportionate number of the poor have five children or more. The conditions of poverty frequently play an important part in creating the multi-child family. These circumstances, as revealed in the studies reported in the foregoing pages, are: early marriage, early family formation, limited education, low occupational status, rural residence or rural origins, and lack of participation in the labor force on the part of the mother. (Other conditions associated with poverty, such as the life styles of the very poor and the unavailability of medical services, are considered to be important, but are not within the scope of this particular paper.) Low family income combined with large family size, of course, creates a particularly harsh "per capita" poverty.

Although poor families are more apt to be large, low-income wives are generally similar to more advantaged ones in terms of attitudes toward desirable family size. The majority of young women view a two to four-child family as being ideal. However, women at low income and low educational levels are far less successful than more advantaged women in practicing effective fertility control.

On the average, nonwhite families are larger than white ones. The major factors accounting for this differential apparently reside in the higher fertility rates of nonwhite women from rural, Southern backgrounds and their higher rates of poverty and low educational status. Studies of desired family size on the part of Negro women show that, on the average, they wish fewer children than white women do. However, largely because of their multiple socioeconomic disadvantages, nonwhite women as a group tend to have difficulty in contraceptive effectiveness.

More poor families than others lack a male head. The average family income under such circumstances is half that of two-parent families. Yet fatherless families, on the average, have as many children as do those with a male head. The arrival of unplanned children born close together tends to interact with other poverty pressures to create marital breakdown. Thus, 10 percent of the children in the United States--and one-third of the nonwhite ones--live under an especially heavy burden of many disadvantages including the lack of a father and a very high chance of being poor.

Illegitimacy rates have increased over the past 25 years for both white and nonwhite groups. However, between 1957 and 1964, the total annual illegitimacy rate leveled off to reach a relative plateau. Since the total population has grown so fast, the *numbers* of illegitimate children have been accelerated. Nonwhite illegitimacy ratios are reported to be over seven times as high as white ones. This higher ratio is seen as being mostly a result of a cluster of factors associated with poverty and prejudice. The resulting problems for nonwhite mothers and their children are intensified by the paucity of social and medical services available to them.

Although population pressures bear especially heavily on the poor and tend to

bar their escape from poverty, these pressures affect all persons in the United States. More effective family planning, based on a variety of methods allowing for freedom of conscience and individual choice and on a consideration of the general, as well as personal, welfare, seems to be a national necessity. This necessity applies, of course, to many other countries, particularly to those emerging from a predominantly rural, nonindustrial stage of development. While population pressures are more critical in these nations, the problem is serious in this country, too. The Welfare Administration, in cooperation with other Federal agencies, is currently engaged in developing further research, training, and action projects relating to family planning and population dynamics in the United States and other countries throughout the world.

REFERENCES

1. News release, Monday, February 7, 1966, by the Population Reference Bureau, Inc., and "World Population Projections, 1965-2000."
2. "U. S. A. Population Changes: 1950-1960," *Population Bulletin*. March 1963. XIX, 2.
3. Whelpton, Pascal K., Arthur A. Campbell, and John E. Patterson, *Family Planning, Sterility, and Population Growth*. New York: McGraw-Hill. 1959.
4. "Population Profile." Population Reference Bureau, Inc. Washington, D.C. April 15, 1966.
5. Scammon, Richard M. and Ben J. Wattenberg, *This U. S. A.* Doubleday and Co. 1965.
6. Bogue, Donald L., "Population Growth in the United States," in *The Population Dilemma*, Philip M. Hauser, ed. Englewood Cliffs, N.J.: Prentice-Hall, Inc. 1963. p. 73.
7. Bogue, Donald L. *Op. cit.* pp. 77-82.
8. U.S. Census Bureau. Current Population Reports: Consumer Income. P-60, No. 41, Table 5. October 1, 1963.
9. Orshansky, Mollie, "Whose Who Among the Poor: A Demographic View of Poverty," *Social Security Bulletin*, July 1965, pp. 3-32.
10. Davis, Kingsley, "Demographic Aspects of Poverty," in *Poverty in America*, Margaret S. Gordon, ed. San Francisco: Chandler Publishing Company. 1965.
11. Schorr, Alvin B., "The Family Cycle and Income Development," *Social Security Bulletin*, February 1966.
12. Burchinal, Lee G., "Research on Young Marriage," in *Sourcebook in Marriage and the Family*, Marvin B. Sussman, ed. Houghton Mifflin. 1963.
13. Wilensky, Harold L., "The Moonlighter: A Product of Relative Deprivation," *Industrial Relations*. October 1963. p. 19.
14. Kleegman, Sonia J., "Contraception and the Physician," in *Manual of Contraceptive Practice*, Mary S. Calderone.
15. Freedman, Ronald and Lolagene Combs, "Childspacing and Family Economic Position." Population Studies Center, University of Michigan. February 1966. (Mimeo.)
16. Oettinger, Katherine B., "Effects of Women's Employment on Families," in *The American Family: A Critical Appraisal*. Ithaca: Cornell University. 1962.
17. Chilman, Catherine S., *Growing Up Poor*. Washington, D.C.: U.S. Department of Health, Education, and Welfare, Welfare Administration. (U.S. Government Printing Office.) 1966.
18. U.S. Census of Population, 1960. Women by Number of Children Ever Born. Final Report. PC(2)3A. Table 25. p. 100.
19. Freedman, Ronald and Doris Slesinger, "Fertility Differentials for the Indigenous Non-Farm Population of the United States." *Population Studies*. 15. No. 2. Nov. 1961.
20. Farley, R., "Recent Changes in Negro Fertility." Paper presented at Population Association of America. April 1965.
21. Whelpton, Pascal K., Arthur A. Campbell, and John E. Patterson, *Fertility and Family Planning in the United States*. Princeton University Press. 1966.
22. Campbell, Arthur A., "The Growth of American Families Studies." *Welfare in Review*. October 1965.
23. Komarovsky, Mirra. *Blue Collar Marriage*. New York: Random House. 1964.
24. Rainwater, Lee, *Family Design*. Aldine Publishing Co. Chicago. 1965.
25. Kardiner, Abraham and Lionel Ovesey. *The Mark of Oppression*. Cleveland: Meridian Publishing Co. 1962.
26. U.S. Census of Population: 1960 PC(1)0. Table 225.
27. Lunde, Anders K., "White - Nonwhite Fertility Differentials in the United States." *Health, Education, and Welfare Indicators*. Sept. 1965. pp. 23-37.
28. Campbell, Arthur A., "Fertility and Family Planning Among Nonwhite Married Couples," in the *United States Eugenics Quarterly*. 12.3. Sept. 1965. pp. 126, 131.
29. Hill, Adelaide Cromwell and Frederick S. Jaffe, "Negro Fertility and Family Size Preferences." To be published in *The Negro American*, Kenneth Clark and Talcott Parsons, eds. Houghton Mifflin. 1966.
30. *Poverty in the United States*. Committee on Education and Labor. House of Representatives, 88th Congress, Second Session. April 1964. U.S. Government Printing Office, Superintendent of Documents. Washington, D.C. 20402. p. 68.
31. Herzog, Elizabeth, "The Negro Family." *Social Work Journal*. Jan. 1966. Vol. 11. No. 1. p. 6.
32. Bernard, Jessie, *Marriage and Family Among Negroes*. Prentice-Hall, Inc. 1966.
33. Herzog, Elizabeth, "The Chronic Revolution: Births Out of Wedlock." *Clinical Pediatrics*. Feb. 1966. Vol. 5. No. 2. pp. 130-135.
34. Pratt, W. F., "Premarital Pregnancy in a Metropolitan Community." Paper presented at Population Association of America. April 1965.

PROVISIONS FOR SOCIAL SERVICES

Characteristics of State Public Assistance Plans

A new Bureau of Family Services publication, *Characteristics of State Public Assistance Plans: Provisions for Social Services*, was issued in May 1966 for the general use of State departments of public welfare, schools of social work, and other agencies and persons interested in the welfare field. The entries in this volume, based on approved State plan provisions in effect on June 30, 1965, present a concise and succinct statement of selected factors in the provision of social services in the public assistance programs. This is the first time such information has been secured and published on a nationwide basis.

The document was prepared by the Division of Program Operations with continuing collaboration from the Division of Welfare Services. The information presented for each State was reviewed and authenticated by the respective States and also by the regional staff of the Bureau of Family Services.

Social services have been made available as an integral part of the administration of the public assistance programs by some State and local agencies since the passage of the Federal Social Security Act in 1935. In 1956, Congress clarified the social service functions of the public assistance programs by amending the Act to require States to include in their plans a description of the social services provided. The amendment also provided for Federal financial participation in the costs of such services as a recognized part of administration.

In 1962, Congress further developed the social service function by authorizing the Secretary of Health, Education, and Welfare to designate the services for which a State might receive an increase (from 50 percent to 75 percent) in Federal financial participation. The Secretary was directed to "prescribe" the services that are essential to the objectives stated in the Federal Act and to "specify" additional services for the purpose of prevention and rehabilitation. Each State (including the District of Columbia, Guam, Puerto Rico, and the Virgin Islands) could elect one or more of the public assistance categories or programs (Old-Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, Aid to the Aged, Blind, or Disabled, or Aid to Families with Dependent Children) within which it would give these services along with financial assistance. In making this election, the State must meet certain Federal requirements and administrative standards, for example, caseload and supervisory standards to assure that direct service staff have enough time to determine the special problems of families and individuals and to provide the necessary services.

Since few States had comparable standards at the time the social service amendments were passed, the element of progression was permitted over a four-year period, beginning July 1, 1963. To qualify for the 75 percent rate of Federal financial participation in the cost of prescribed services as of that date, each State had to include in its plan the provision on a Statewide basis of at least one item of service in each of the "prescribed" services, as set forth in the Bureau of Family Services Handbook. At the same time the State submitted a plan for the progressive extension of social services, with the assurance that the full scope of required services would be in

effect by July 1, 1967.

The new publication carries for each State a brief summary of the scope of administrative responsibility of the State agency and in the first major section reports the social services which the State plan provides for all applicants and recipients of public assistance, for which the State continues to receive 5 percent Federal financial participation.

"Prescribed" and "Specified" Services

To carry out the amendments, certain services to individuals with particular problems were "prescribed" by the Secretary. For the OAA, AB, APTD, or AABD programs, these services are: intake service and services for (1) aged and disabled persons in need of protection, (2) aged and disabled persons requiring services to remain in or return to own home or community, and (3) blind or disabled individuals with potentials for self-support in whole or in part. In each of these "prescribed" service areas, there is a definition of the groups to be covered and a listing of the services to be provided. As a way of beginning the implementation of its social services plan, a State may elect one or more of the public assistance categories and may select for Statewide provision one or more service items under each of the "prescribed" service areas. The other service items in the list for that area may be provided initially in those local agencies where staff time and skills permit. Each State's section lists the items of service in each of these problem areas to be given Statewide and indicates whether others are to be given on a more limited basis as of June 30, 1965.

For the categories of OAA, AB, and APTD or AABD, the Secretary "specified" additional services which may be elected in any public assistance category which meets the conditions relating to "prescribed" services. "Specified" services are: (1) those provided to persons in four additional problem areas--adults with potentials for self-care, adults isolated or estranged from family, former or potential applicants or recipients, and persons in the Medical Assistance for the Aged program; (2) complementary services; and (3) separate units for special services. In electing such additional "specified" problem areas, it is permissible for a State to begin on a limited basis and commit itself to provide the full scope of services in each selected "specified" service area Statewide by July 1, 1967. The choices which the State has made are indicated and items of services in each specified area listed.

In the AFDC category, services "prescribed" by the Secretary are intake services and continuing services to (1) unmarried parents and their children with specified problems, (2) families disrupted by desertion or impending desertion, (3) families with adults with potentials for self-support, (4) children in need of protection, and (5) children with specified problems. In each of these problem areas, the services which the plan provides on a Statewide basis are listed, along with any others given on a more limited basis.

Services in AFDC "specified" by the Secretary are: (1) services to all families with dependent children, Statewide or in selected local agencies; (2) help to families classified in "additional problem areas"--families with serious problems in family functioning or in money management, families disrupted by absence of parent for reasons other than desertion, children in foster care under Title IV in foster family homes and private child care institutions, former or potential applicants or recipients; (3) complementary services; and (4) separate units for special services. Provisions for the gradual progression and commitment by each State to make available the full scope of services by July 1, 1967, apply as well to the AFDC category.

Highlights of Findings-OAA, AB, APTD, or AABD

As of June 30, 1965, 41 States had elected "prescribed" services in one or more of the three "adult" categories--OAA, AB, APTD, or AABD. Of these, one

State (Ohio) provided "prescribed" services in AB and APTD, and a second (Nevada, which has no APTD program) provided "prescribed" services in OAA and AB. The remaining 39 States provided the services to the aged, the blind, and the disabled. Of these 39 States, eleven (including Nevada) elected the full scope of services, as designated by the Secretary, for the programs they operate.

Thirty of the 41 States elected to provide a limited scope of the "prescribed" services. Among these States, the largest number chose services related to provision of medical care. In the two problem areas described for aged and disabled persons in need of protection or requiring services to remain in or return to home or community, 23 States elected help in securing and using medical services on a Statewide basis and five States elected this kind of service for those local areas where staff time and skills permit. (The figures are an unduplicated count.)

The next largest number of States, 18, elected as a Statewide responsibility services related to enlistment of the help of relatives, friends, and other resources to assist in planning and protection. Seven additional States elected to provide the service on a local basis.

In the problem area of "Blind and disabled individuals with potentials for self-support in whole or in part," 28 States provide less than the full range of services. Of these, 18 provide "assessment of employment skills and employment potentials" on a Statewide basis with four additional States providing it on a local basis. Fifteen States provide services Statewide to help the individual "secure and use needed medical care" and eight additional States provide this service on a local basis.

"Specified" Services-Adult Categories

"Specified" services in one or more of the "adult" categories--OAA, AB, APTD, or AABD--were elected by 24 States. Of these, a total of ten States elected the MAA category as an area of "specified" services. Only five States selected all of the other three areas (adults with potentials for self-care, adults isolated or estranged from the family, and services for former or potential applicants or recipients). Seven additional States chose one or another of these problem areas.

Complementary services, i.e., "services by special staff which support and complement the activities of the caseworkers and other social work staff," were designated by 16 States as "specified" services. Of these States, 13 selected homemaker services in one or more categories. "Foster family care for adults" and "special services for self-care and self-support" were each selected by six States. In four States, the provision of volunteer services and in three States, "group work services" were included in the State plan as a "specified" service. (These groupings include some of the same States.)

"Separate units for special services" (defined as "units of staff organized to provide appropriate services in a given area or to cases having a certain problem in common") were reported by seven States.

Highlights of Findings-AFDC

The AFDC program was elected for prescribed services by 53 of the 54 jurisdictions (all but Arizona). In 19 States the full scope of the prescribed services in all five prescribed areas is provided on a Statewide basis; the remaining 34 States are providing less than this full range in relation to all areas but may provide the full scope in some area of special interest. The total number of States providing full services in a particular problem area is significant as an indication of what services the States consider most urgent or consider themselves capable of providing.

For the "prescribed" service area "children in need of protection," 27 of the 53 States provide the full range of required services on a Statewide basis. In addition, 19 States provide "help to parents to improve home conditions, as-

sume responsibility for care and guidance of their children, and in management of financial responsibility" and eleven States provide "help to parents and children to use community resources." (Not an unduplicated count.)

For "families with adults with potentials for self-support," 22 States provide the full range of the required services. In addition, 23 States chose to provide, on a Statewide basis, "evaluation of the potentials for self-support." "Arranging necessary medical services" and "arranging training opportunities" were each selected by more than one-third of the States which were providing less than the full range of services in this problem area.

For the remaining "prescribed" problem areas, the number of States providing the full scope of services on a Statewide basis is almost the same for each of the three areas.

1. "Unmarried parents and their children with specified problems" was selected for the full range of services by 21 States. An additional 21 States provide "arranging for prenatal, confinement, and postnatal medical care for the mother and child." "Planning with mother for her future and that of her child" and "help with respect to legal problems affecting the rights of mother and child" were selected by about one-third of the States which provide less than the full range of services.
2. "Children with special problems" was selected for the full range of services by 21 States. An additional 27 States provide "help in securing and using medical resources, including clinical, psychological, and psychiatric service." More than one-third of the States which provide less than the full range of services selected "securing and assisting in use of educational opportunities and guidance" and "help to older teenagers to evaluate interest and potentials for self-support, and to prepare for and obtain self-support."
3. For the problem area "Families disrupted by desertion or impending desertion," 20 States provide the full range of services. An additional 29 States provide "help to remaining parent to secure support from the deserting parent" and a smaller number of States (15) provide "help to family in maintaining ties or effecting reconciliation with the deserting parent."

"Specified" Services-AFDC

Thirty-eight States include in their AFDC program one or more of the services "specified" by the Secretary for AFDC. Among these services there is an option called "Services for all families with dependent children." States electing to provide this service under this option obligate themselves to provide the full scope of the "prescribed" services for all families in the AFDC caseload. As of June 30, 1965, 15 States had elected to do so--eight States on a Statewide basis and seven States on a progressive basis, beginning with the total caseload in certain local areas. (The States which elect "all families" operate on the assumption that every family receiving AFDC will need one or more of the "prescribed" services; the other States work on the basis of identifying, case by case, those which need a service or services. In each pattern, the requirements relating to size of caseload, ratio of caseworkers to supervisors, and the standards of visits must be in effect for the State to qualify for 75 percent Federal financial participation.)

Under Federal policy on social services, foster care service as authorized under Title IV (AFDC) of the Social Security Act is designated as a "specified" service. There are 22 States which provide foster care service as a "specified" service. (In addition, Arizona gives this service though it does not elect to provide "prescribed" or "specified" services.)

Additional problem areas designated as "specified" services are: families disrupted by absence of parents for reasons other than desertion (elected by 15 States); families with serious problems in family functioning (elected by 13 States); and families with problems in money management (elected by 13 States).

In eight States, as of June 30, 1965, the agency had elected to include as eligible for services former applicants and recipients of AFDC, and in five States to include potential applicants and recipients. A list of service items is specified for these two groups. (A "former applicant or recipient" is a person who has been an applicant for or a recipient of public assistance within one year preceding the request for service. "Potential" applicants or recipients are defined as: "Those families and adults, individually or as groups, whose economic, personal, or social situation, separately or in combination, would reasonably be expected to result in application for financial assistance under one of the public assistance titles within five years after the request.")

"Complementary services" comprise another major grouping designated as "specified" services. Services are made available by special staff which support and complement the activities of the caseworkers and other social work staff. In AFDC, as in the categories for adults, the heaviest concentration of States elected homemaker services (15). "Social group work services" and "special services for self-care and self-support" were provided by five States each. Three States reported "volunteer services" and two States reported giving "foster family care for adults" within the AFDC program.

"Separate units for special services" were reported by eight States. These are units of staff organized to provide appropriate services in a given area or to cases having a certain problem in common. These several units provide services in three broad areas: special units for work in special areas (e.g., special rehabilitation-education services) in five States; special caseload units in four States; and special units for work in housing projects in two States.

ELEANOR V. SWENSON
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Youth Programs Curb Summer Violence

"The Quiet Summer," a documentary movie about a federally financed experimental project to curb youth violence at summer resorts, is now available as a public service film from the U.S. Department of Health, Education, and Welfare.

Photographed on location at Hampton Beach, New Hampshire, during the summer of 1965, running time of the 16 millimeter, black and white movie is 28:15.

The filmed report deals with the community controversy and the riot deterrent activities generated at Hampton Beach last summer by a demonstration project grant from the Office of Juvenile Delinquency and Youth Development in the Department's Welfare Administration.

The film takes its name from the fact that Hampton Beach in 1965 enjoyed its first quiet summer since the start of a series of Labor Day weekend disturbances in 1961.

The federally financed demonstration project, which has implications for communities throughout the Nation, involved a number of programs run by youth in cooperation with adult officials and business leaders at Hampton Beach. Also depicted is the project-connected, inservice training program for local police officers which emphasized special techniques for dealing with youth.

Information on scheduling, including pre-showing auditions, may be obtained from: Harold Eidlin, Information Officer, Office of Juvenile Delinquency and Youth Development, Welfare Administration, U.S. Department of Health, Education, and Welfare, Washington, D.C. 20201 (Telephone Code 202--963-4638).

Projects Aided Under the Cooperative Research and Demonstration Grants Program

The following tables list projects aided under the Cooperative Research and Demonstration Grants Program administered by the Welfare Administration in cooperation with the Social Security Administration.

Table 1 lists all projects completed since the first grants were awarded in March 1961 through June 30, 1966. Since, under the terms of the grant awards, final reports are not due until six months after the expiration of the grant period, reports on recently completed projects may not yet be available. In all cases, requests for final reports or additional information should be directed to the project director at the address shown.

Table 2 lists projects currently being supported, or approved for support, as of June 30, 1966. The completion date is based on the grantee's estimate.

Of the 325 applications submitted to the program, 105 (32 percent) have been approved for support, 61 projects have been completed, and 44 are being supported or have been approved for support.

All applications are reviewed by an Advisory Panel of experts in social research from non-Federal agencies. The Panel recommends approval of applications to the Commissioners of the Welfare and Social Security Administrations. Procedures have recently been established for special review and processing of applications for small grants--those totaling $5,000 or less for direct costs--so that final action may be completed within three months from receipt of the application. Deadlines for all other applications to the program are January 15, June 1, or October 1 for projects to begin no earlier than June 1, November 1, or March 1, respectively.

As final reports are received, summaries of results are published in *Welfare in Review;* projects of primary interest to the Social Security Administration are also summarized in the *Social Security Bulletin.*

Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance." Therefore, the Research and Demonstration Grants Program of the Welfare Administration, like every program or activity receiving financial assistance from the Department of Health, Education, and Welfare, must be operated in compliance with this law.

Forms and instructions for submitting applications to the Cooperative Research and Demonstration Grants Program may be obtained from: Chief, Research Grants Branch, Division of Research, Office of the Commissioner, Welfare Administration, U.S. Department of Health, Education, and Welfare, 330 Independence Avenue, S.W., Washington, D.C. 20201.

TABLE 1. COMPLETED PROJECTS, JUNE 30, 1968

Project number	Project title	Grantee and project director
001	Attitudes Toward Dependency: A Study of 105 AFDC Mothers	Bryn Mawr College Jane Kronick
004	Use and Non-Use of Public Assistance Funds by Child-Rearing Units in a Low-Income Community	Brandeis University David G. French
005	Exploratory Study on Organization of Public Assistance Personnel	University of Chicago Edward Schwartz
006	Unwed Motherhood: Background and Social Consequences	University of North Carolina Charles Bowerman
007	Services to Families Being Evicted From Public Low-Rent Housing	Friends Neighborhood Guild (Philadelphia) Mildred Guinessy
009	Income Maintenance and Adjustment Programs in Relation to Needs	Northern Michigan College Jean Pearman
013	Family Problems in an Area of Rapid Social Change	University of Georgia Raymond Payne and Stanley Fowler
017	Effectiveness of Services in Changing Values Among Negro Boys of AFDC Families	Goodrich Social Settlement (Cleveland) John Cox
019	Credit Union Services to Low-Income Groups	University of Notre Dame John Croteau
026	Research Demonstration with Dependent Multi-Problem Families	Chemung County Council of Community Services (New York) David Wallace
028	Teenage Illegitimacy as Personal, Interpersonal and Community Deviancy	University of Michigan Ronald Lippitt and Henry Meyer
029	Pilot Study of Nursing Home Costs	University of Michigan Kenton Winter
034	Longitudinal Study of Retirement	Cornell University Gordon Streib
037	Decision-Making Process Leading to Institutionalization of the Aged	North Texas State University Hiram Friedsam
042	Fatherless Families and Housing: A Study in Dependency	Syracuse University Irwin Deutscher and Seymour Bellin
047	Analysis of Suitable Home Cases Acted Upon by State Review Team	Florida State University Robert Lansdale
058	Influence of Old-Age Insurance and Private Pension Plans on Spending-Saving Behavior	Survey Research Center, University of Michigan George Katona
059	Unmarried Mothers who Keep the First Out-Of-Wedlock Child	Community Council of Greater New York (New York City) Mignon Sauber
068	AFDC Family Rehabilitation Project	Community Service Society (New York City) Alice McCabe
072	Protective Services for Older People	Benjamin Rose Institute (Cleveland) Margaret Blenkner
075	Intercountry Public Welfare Services	Columbia University Kenneth Murase
078	Study of an Aged Low-Income Population in a Public Housing Project	Trinity University Frances Carp
085	Determinants of the Geographic Mobility of Labor	University of Michigan John Lansing and Eva Mueller

TABLE 1. COMPLETED PROJECTS, JUNE 30, 1966 (Cont.)

Project number	Project title	Grantee and project director
088	Family-Centered Treatment Research and Demonstration Project with Dependent Multi-Problem Families	University of Puerto Rico Rosa C. Marin
090	Organization and Utilization of Public Assistance Personnel	University of Chicago Edward Schwartz
091	A Study of Early Retirement and Programs of Preparation for Retirement	Cornell University John McConnell
092	The Short-Term Reading Readiness Nursery: A Social Intervention Technique	University of Chicago Fred Strodtbeck
098	Effect on Families and Individuals in a Rural Community When Public Relief was Exhausted	Community Chest and Council of the Cincinnati Area William Walton
099	Planning for Evaluation of Services, Pruitt-Igoe (St. Louis) Housing Project	Missouri Department of Public Health and Welfare Virginia Turner
103	Contribution of Community Development to the Prevention of Dependency	Wisconsin Winnebago Business Committee Nancy Lurie
105	Measures of Social Functioning in Multi-Problem Families in Central Harlem	Interdepartmental Neighborhood Service Center (New York City) Lillian Lampkin
107	Economic Status, Unemployment, and Family Growth	University of Michigan Ronald Freedman
110	Design of an Evaluation Study of Consumer Education	Joint Settlement Committee (New York City) Kenneth Lenihan
115	Social Characteristics and Employment Experiences in School Drop-Outs	Syracuse University S.M. Miller
124	Experimental Short-Term Reading Readiness Study	University of Chicago Fred Strodtbeck
125	Economic Functions of Kinship Structures in Low-Income Groups	Bureau of Social Science Research (District of Columbia) Leonard Goodman
127	A Comparative Analysis of the Culture of Poverty in Puerto Rico and New York	University of Illinois Oscar Lewis
133	Study of AFDC Families and Children	University of North Carolina Daniel Price
135	Temporary Disability Insurance For Farm Workers	University of Michigan Philip Booth
139	A Family Centered Treatment Research and Demonstration Project in Puerto Rico with Dependent Multi-Problem Families	University of Puerto Rico Rosa C. Marin
145	Social Work as a Career: The Plans and Experiences of America's 1961 College Graduates	National Opinion Research Center University of Chicago Norman Miller
148	Educational Barriers to Economic Security in Large Cities	Teachers College, Columbia University Robert Dentler
157	Family Life and Economic Dependency	Bryn Mawr College Jane Kronick
158	The Aged, Family and Friends	Western Reserve University Irving Rosow
160	Study of Nursing Home Patient Care Needs in Relation to Sources of Support and Admission	University of Michigan Kenton Winter
166	Exploratory Project on the Major Leadership Role in Multi-Problem Families	Hospital and Welfare Board of Hillsborough County (Florida) Dorothy Johnson
170	A Field Survey of Migratory Farm Labor in Wisconsin	University of Wisconsin Elizabeth Raushenbush

TABLE 1. COMPLETED PROJECTS, JUNE 30, 1966 (Cont.)

Project number	Project title	Grantee and project director
176	A Self-Help Community Effort in a Fringe In-Migrant Section of Las Vegas, Nevada	Nevada Tuberculosis and Health Association (Reno) Elaine Walbroek
178	An Exploratory Study of Family Measurement Instruments	Washington State University F. Ivan Nye
182	The Effect of Legal and Policy Restrictions on the Availability and Utilization of Services by Non-Residents	United Good Neighbors Fund of Seattle and King County Murray B. Meld
189	Unwed Motherhood: Personal and Social Consequences	University of North Carolina Charles Bowerman
191	A Study of Blue-Collar Worker Resistance to Preretirement Education	Pennsylvania State University H. K. Dansereau and H. J. Golatz
199	Identification and Experimental Modification of Social-Psychological Correlates of Economic Dependency	Iowa State University Paul R. Kimmel
207	Socio-Economic Factors Affecting Welfare Dependent and Low-Income Families	California Dept. of Social Welfare Robert C. Stone
218	Study of Elderly Persons Who Have Been Released From the State Mental Hospital	North Dakota Public Welfare Board G. A. Hample
223	The Single Parent Family: Functional Implications of Structural Deviance	Western Reserve University Jetse Sprey
228	Evaluation of the Pilot Project in the Rehabilitation of Dependent Families	Community Services Council of Delaware Lawrence Schein
229	Social Patterns and Child Behavior in the Dependent and Other Low-Income Families	Detroit Dept. of Public Welfare Oliver Moles, Welfare Administration, Dept. of Health, Education, and Welfare
246	Determinants of the Geographic Mobility of Labor	University of Michigan John Lansing and Eva Mueller
252	Evaluation of Present Methods for Determining Assistance Grants for ADC and OAA Recipients in Iowa	Iowa State University Margaret Liston and Ross Wilbur
264	Enhancing Work Skills and Parental Roles of Unemployed Fathers	Hospital and Welfare Board of Hillsborough County (Florida) Dorothy M. Johnson

TABLE 2. CURRENT PROJECTS, JUNE 30, 1966

Project number	Project title	Grantee and project director	Estimated ending date
067	Some Social Aspects of Urban Renewal	The Menninger Foundation (Topeka) William Key	8-31-66
132	Effect of Income on Expenditure for and Use of Health Services	University of Chicago Margaret Reid	5-31-67
151	A longitudinal Study of the Effects of Pre-Retirement Education on the Adjustment in Retirement of Hourly Rated Workers	University of Michigan Woodrow Hunter	2-28-67
155	Consequences of a State Suitable Home Law for ADC Families in Florida	Florida State University Lewis Killian	10-31-66
164	Employment Opportunities of Negro and White Youth	Columbia University Bernard Levenson	4-30-67
171	Modes of Withdrawals from Active Occupational Roles by Farmers, Small Town Merchants, Professionals, and Factory Workers 50 and Older in Iowa	Iowa State University Jon Doerflinger	2-28-67

TABLE 2. CURRENT PROJECTS, JUNE 30, 1966 (Cont.)

Project number	Project title	Grantee and project director	Estimated ending date
175	Research and Demonstration Project on Protective Services for Older People	The Benjamin Rose Institute (Cleveland) Margaret Blenkner	5-31-67
181	Alternative Deployment of Public Assistance and Trained Casework Personnel	Social Welfare Research Council (New York City) Lawrence Podell	6-30-67
185	Experimental Study of Casework Methods and Procedures	Community Service Society (New York City) Ann Shyne	6-30-68
190	Research-Action on Prevention of Family Disorganization	Rutgers, The State University Ludwig Geismar	8-31-69
193	Poverty and Aging as Factors in Social Isolation	Bureau of Social Science Research (District of Columbia) George S. Rosenberg	8-31-66
200	The Successful Urban Slum Child: A Psychological Study of Personality and Academic Success in Deprived Children	Center For Urban Education New York City Bernard Mackler	5-31-67
201	Legal Interventions, Social Mobility, and Dependency--A Study of Public Assistance in Housing	Oberlin College Kiyoshi Ikeda	12-31-66
202	Concerted Services Baseline Study	University of Miami Aaron Lipman	9-30-66
230	The Impact of Public Welfare Policies and Operations on Family Organization	University of California Scott Briar	3-31-67
240	Alcohol Problems and Dependency	Stanford University Sidney Cahn and Nevitt Sanford	6-30-67
243	Lower Class Attitudes Toward "Deviant" Actions	Merrill-Palmer Institute, (Detroit) Hyman Rodman	2-28-67
245	Exploratory Study of Research Related to Undergraduate Education in Social Welfare	Council on Social Work Education (New York City) Arnulf Pins	8-31-66
249	Developing a Comparative Measure of Family Interaction	University of Massachusetts George Levinger	6-30-67
255	Factors Affecting Life Earnings Profiles of Nonwhites in the U.S.	University of Florida Marshall Colberg	9-30-66
259	Study of Families on AFDC-UP Programs: Further Analysis of Eastern Kentucky Data	University of Kentucky Cyrus Johnson	8-31-66
260	Professionalization of Social Welfare Occupations	University of Michigan Henry J. Meyer	7-31-66
262	Problems of Data-Collection from Low-Income Families	Columbia University Allen H. Barton	8-31-66
266	Changing Patterns of Income at Retirement from the Labor Force	University of Wisconsin Martin David and Harold Groves	6-30-67
267	A Study of Uses Made of Lump-Sum and Monthly Benefits by Survivors of UAW Active Workers	Michigan Health and Social Security Research Institutes, Inc. (Detroit) Thomas C. Barton	3-31-67
268	Multi-Agency Integration and Change	Western Reserve University Eleanor Caplan	7-31-68
269	Early Retirement and Other Uses of Nonwork Time as Related to Economic Growth in Certain Western European Countries	Duke University Juanita Kreps	8-31-66
271	County Supplementation of Federal-State Public Assistance Programs in Florida	Florida State University Albert L. Sturm	10-31-67
276	The Economic Costs of Discrimination	University of Pennsylvania Lawrence K. Klein and Donald W. Katzner	10-31-66

TABLE 2. CURRENT PROJECTS, JUNE 30, 1966 (Cont.)

Project number	Project title	Grantee and project director	Estimated ending date
277	Study of Decision Making on Early Retirement	University of Michigan James Morgan & George Katona	10-31-66
280	Application of the Theory of Compliance to Social Work Administration	Columbia University Amitai Etzioni	1-31-67
283	Family Planning and Birth Control Among Poverty-Level Negro Females	Bowman Gray School of Medicine (Winston-Salem) Clark E. Vincent	2-28-67
284	Economic Effects on Internal Migration	West Virginia University Betty G. Fishman	10-31-66
286	Development of Family Measurement Instruments	Washington State University F. Ivan Nye	1-31-67
288	Inquiry into the Extent of Funding Under Private Pension Plans	University of Pennsylvania Dan McGill	12-31-66
289	Social Insurance, the Public and Social Change	National Opinion Research Center, University of Chicago Peter H. Rossi and Michael E. Schiltz	11-30-67
292	Age Differences in Work Experience	Columbia University Arnold Katz	5-31-67
294	Primary Ties Among the Economically Depressed	Harvard Medical School Robert S. Weiss	8-31-68
300	Economic Costs of Long Term Care in Various Health Institutions	University of Southern California Donald E. Yett	8-30-67
308	Factors Involved in the Identification of Poverty in a Rural Area	University of North Dakota Ronald L. Johnson	6-30-68
309	Economic and Demographic Factors Associated with Retirement of Men From U.S. Labor Force	Columbia University A. J. Jaffe	6-30-68
312	Family Size, Childspacing, and Socio-Economic Status	University of Michigan Ronald Freedman and Lolagene C. Coombs	6-31-69
314	Effects of Ability, Family Background, and Education on Earnings and Careers	The University of Wisconsin William Sewell	8-31-69
316	Welfare Aide Positions in Social and Health Services for American Indian Communities	Boston University Katherine Spencer	12-31-66

Program and Operating Statistics

Public Assistance in March 1966

In March, changes in numbers of recipients under the several public assistance programs were varied. The effect of seasonal increases in employment opportunities was reflected in the decrease in number of recipients of general assistance (2,200) and in the smallest increase (13,400) since last October in number of recipients of aid to families with dependent children. Decreases also occurred in the numbers of recipients of aid to the blind and medical assistance for the aged. The number aided under the latter program was affected by the transfer in California of recipients of medical assistance for the aged to the State's new medical assistance program, which was initiated in March.

An increase of 1,900 recipients occurred in old-age assistance even though decreases were reported by 33 jurisdictions. In California an increase of 1,700 in the number of old-age assistance recipients resulted in part from the initiation of assistance payments covering personal and incidental expenses of needy aged patients in public institutions for mental diseases. Increases in numbers assisted occurred in 38 jurisdictions for aid to the permanently and totally disabled and in 46 jurisdictions for aid to families with dependent children.

Total assistance payments decreased or were virtually unchanged for old-age assistance, medical assistance for the aged, aid to the blind, and aid to the permanently and totally disabled, while increases occurred in aid to families with dependent children, general assistance, and medical assistance. Aggregate payments for medical assistance under the new federally aided program that went into effect January 1, 1966 more than doubled from February to March, largely because of the addition of California to the States administering medical assistance programs. Eight States now have such programs in operation. Payments for March 1966 under the new State medical assistance programs totaled a fourth more than the same group of States spent for medical vendor payments under their separate programs for the special types of public assistance in March 1965.

In North Dakota decreases in average money payments per recipient amounted to $12 for old-age assistance, $9 for aid to the blind, $7 for aid to the permanently and totally disabled, and $1 for aid to families with dependent children. These decreases in March resulted from the fact that February payments to recipients had included once-a-year amounts for real estate taxes.

The decrease of $12 in the average money payment per recipient of aid to the permanently and totally disabled in Iowa resulted mainly from a shift in method of paying for nursing home care from money payments to vendor payments. Also in Iowa, the decrease of 42 percent in number of recipients of medical assistance for the aged was caused by reductions in the scope of medical services provided under the program.

Washington increased the percent of need met by assistance payments from 91 to 94 in the programs for aid to the permanently and totally disabled and aid to families with dependent children.

Data for specified types of assistance under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged are classified with data for separate State programs for old-age assistance, aid to the blind, aid to the permanently and totally disabled, or medical assistance for the aged.

Table 1. Number of recipients of public assistance in the United States, by month, March 1965-March 1966 1/

(Except for general assistance, includes cases receiving only vendor payments for medical care)

Year and month	Old-age assistance 2/	Medical assistance for the aged 2/	Aid to the blind 2/	Aid to the permanently and totally disabled 2/	Aid to families with dependent children			Medical assistance 4/	General assistance 5/	
					Families	Total recipients 3/	Children		Cases	Recipients
	Number of recipients									
1965										
March	2,151,542	244,551	96,194	540,394	1,073,033	4,491,840	3,360,553	---	359,000	809,000
April	2,152,250	257,368	95,524	545,287	1,076,063	4,505,878	3,374,921	---	345,000	760,000
May	2,150,606	258,839	95,503	549,895	1,069,668	4,469,527	3,352,294	---	325,000	689,000
June	2,149,220	267,996	95,350	555,594	1,062,802	4,429,038	3,325,987	---	318,000	664,000
July	2,144,949	265,664	95,170	559,285	1,052,525	4,377,100	3,291,501	---	306,000	643,000
August	2,144,534	266,274	95,135	563,111	1,053,894	4,388,155	3,296,511	---	315,000	665,000
September	2,140,172	275,483	6/ 86,082	565,588	1,053,409	4,378,513	3,295,589	---	305,000	649,000
October	2,126,058	271,359	6/ 85,964	567,148	1,052,100	4,369,875	3,293,039	---	298,000	631,000
November	2,129,103	277,953	6/ 86,129	571,147	1,056,521	4,393,067	3,311,929	---	300,000	641,000
December	2,127,179	279,345	6/ 86,079	575,245	1,069,316	4,456,995	3,358,112	---	310,000	677,000
1966										
January	2,110,358	250,145	6/ 85,578	574,011	1,077,590	4,497,223	3,386,885	7/ 362,213	319,000	715,000
February	2,105,343	257,846	6/ 85,524	578,374	1,091,605	4,562,143	3,435,052	7/ 376,159	319,000	714,000
March	2,107,226	220,072	6/ 85,305	579,873	1,094,199	4,575,502	3,445,875	7/ 388,637	321,000	712,000
	Percentage change from previous month									
1965										
March	+0.1	+7.2	+0.4	+1.1	+1.6	+1.5	+1.5	---	+1.9	+1.0
April	(8/)	+5.2	-.7	+.9	+.3	+.3	+.4	---	-3.8	-6.1
May	-.1	+.6	(9/)	+.8	-.6	-.8	-.7	---	-5.8	-9.3
June	-.1	+3.5	-.2	+1.0	-.6	-.9	-.8	---	-2.4	-3.6
July	-.2	-.9	-.2	+.7	-1.0	-1.2	-1.0	---	-3.6	-3.2
August	(9/)	+.2	(9/)	+.7	+.1	+.3	+.2	---	+2.7	+3.4
September	-.2	+3.5	(10/)	+.4	(9/)	-.2	(9/)	---	-3.1	-2.4
October	-.7	-1.5	-.1	+.3	-.1	-.2	-.1	---	-2.2	-2.8
November	+.1	+2.4	+.2	+.7	+.4	+.5	+.6	---	+.6	+1.6
December	-.1	+.5	-.1	+.7	+1.2	+1.5	+1.4	---	+3.4	+5.7
1966										
January	-.8	-10.5	-.6	-.2	+.8	+.9	+.9	---	+2.7	+5.6
February	-.2	+3.1	-.1	+.8	+1.3	+1.4	+1.4	+3.8	-.1	-.1
March	+.1	-14.6	-.3	+.3	+.2	+.3	+.3	+3.3	+.8	-.3

1/ All data subject to revision. 2/ Represents data for recipients of the specified types of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 4/ Program initiated January 1966 under Public Law 89-97. 5/ Partly estimated. Excludes Idaho, Indiana, and Nebraska; data not available. 6/ Excludes State blind pension program in Pennsylvania administered under State law without Federal participation. 7/ Does not include data for Puerto Rico for January-March and California for March. 8/ Increase of less than 0.05 percent. 9/ Decrease of less than 0.05 percent. 10/ Not computed; base not comparable.

the amount of assistance. 4/ Program initiated January 1966 under Public Law 89-97. 5/ Partly estimated. Excludes Idaho, Indiana, and Nebraska; data not available. 6/ Excludes State blind pension program in Pennsylvania administered under State law without Federal participation. 7/ Does not include data for Puerto Rico for January-March and California for March. 8/ Increase of less than 0.05 percent. 9/ Decrease of less than 0.05 percent. 10/ Not computed; base not comparable.

Table 2. Amount of public assistance payments in the United States, by month, March 1965-March 1966 1/

[Except for general assistance, includes vendor payments for medical care]

Year and month	Total 2/	Old-age assistance 3/	Medical assistance for the aged 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Aid to families with dependent children	Medical assistance 4/	General assistance 5/
	Amount of assistance							
1965								
March.....	$460,853,000	$172,509,810	$45,590,162	$8,372,511	$45,391,949	$154,259,544	---	$24,327,000
April.....	466,259,000	173,958,876	49,840,447	8 315,290	45,629,477	154,713,449	---	23,263,000
May.....	458,019,000	171,419,966	49,438,614	8,263,025	45,913,627	152,033,192	---	21,312,000
June.....	459,850,000	172,862,075	50,852,533	8,392,761	47,063,386	149,814,741	---	20,789,000
July.....	454,598,000	171,599,365	49,228,830	8,283,765	46,671,830	148,815,802	---	20,183,000
August.....	459,086,000	171,834,044	50,340,882	8,282,226	48,162,429	150,496,685	---	20,239,000
September...	462,769,000	170,395,643	51,970,270	6/ 7,752,563	47,886,157	154,976,542	---	20,755,000
October.....	456,769,000	168,348,580	50,000,447	6/ 7,783,847	49,013,402	152,707,158	---	19,979,000
November....	465,404,000	171,401,898	52,144,916	6/ 7,792,463	49,514,526	154,211,471	---	20,374,000
December....	470,392,000	169,894,893	53,000,303	6/ 8,018,131	50,201,794	158,356,820	---	21,397,000
1966								
January.....	474,513,000	165,474,928	45,166,935	6/ 7,878,108	48,402,876	157,336,216	$20,450,201	21,702,000
February....	480,407,000	165,687,917	47,733,515	6/ 7,740,584	48,965,757	160,123,144	7/ 19,634,762	22,067,000
March.....	500,458,000	163,404,932	41,641,324	6/ 7,755,450	48,535,359	162,217,927	7/ 44,549,211	22,412,000
	Percentage change from previous month							
1965								
March.....	+3.2	+1.4	+7.2	+1.3	+4.8	+3.6	---	+3.7
April.....	+1.2	+.8	+9.3	-.7	+.5	+.3	---	-4.4
May.....	-1.8	-1.5	-.8	-.6	+.6	-1.7	---	-8.4
June.....	+.4	+.8	+2.9	+1.6	+2.5	-1.5	---	-2.5
July.....	-1.1	-.7	-3.2	-1.3	-.8	-.7	---	-2.9
August.....	+1.0	+.1	+2.3	(8/)	+3.2	+1.1	---	+.3
September...	+.8	-.8	+3.2	(9/)	-.6	+3.0	---	+2.6
October.....	-1.3	-1.2	-3.8	+.4	+2.4	-1.5	---	-3.7
November....	+1.9	+1.8	+4.3	+.1	+1.0	+1.0	---	+2.0
December....	+1.1	-.9	+1.6	+2.9	+1.4	+2.7	---	+5.0
1966								
January.....	+.9	-2.6	-14.8	-1.7	-3.6	-.6	---	+1.4
February....	+1.2	+.1	+5.7	-1.7	+1.2	+1.8	-4.0	+1.7
March.....	+4.2	-1.4	-12.9	+.2	-.9	+1.3	+126.9	+1.6

1/ All data subject to revision. 2/ Total exceeds sum of columns because of inclusion of vendor payments for medical care from general assistance funds and from special medical funds; data for such expenditures partly estimated for some States. 3/ Represents data for payments to recipients of the specified type of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Program initiated January 1966 under Public Law 89-97. 5/ Partly estimated. Excludes Idaho, Indiana, and Nebraska; data not available. 6/ Excludes State blind pension program in Pennsylvania administered under State law without Federal participation. 7/ Data not reported by Puerto Rico. 8/ Decrease of less than 0.05 percent. 9/ Not computed; base not comparable.

Table 3. Old-age assistance: Recipients and payments to recipients, by State, March 1966 1/

Includes vendor payments for medical care and cases receiving only such payments

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	February 1966 in--		March 1965 in--	
				Number	Amount	Number	Amount
Total 2/.....	2,107,226	$163,404,932	$77.55	+0.1	-1.4	-2.1	-5.3
Ala.....	111,832	8,107,664	72.50	+.1	+2.1	+.1	+5.1
Alaska 3/.....	1,374	4/ 124,318	90.48	-.1	-2.9	-.5	-14.3
Ariz.....	13,341	835,539	62.63	+.3	+.3	+1.1	-.3
Ark.....	60,125	3,895,505	64.79	+.1	+.1	+1.7	+.3
Calif.....	278,888	26,593,742	95.36	+.6	-12.0	+2.1	-13.1
Colo. 2/.....	42,380	3,974,274	93.78	-.2	-4.5	-3.9	-6.5
Conn.....	5,850	494,244	84.49	-1.5	-7.4	-16.1	-13.7
Del.....	1,524	110,199	72.31	+1.7	+6.7	+7.2	+6.7
D. C.....	2,303	208,603	90.58	-.2	-4.1	-3.3	+1.3
Fla. 3/.....	76,372	4,965,911	65.02	+1.1	+.8	+4.0	+2.6
Ga.....	92,998	5,676,496	61.04	-.1	+2.0	+1.1	+5.8
Guam 5/.....	183	9,845	53.80	---	---	---	---
Hawaii 3/.....	1,359	99,156	72.96	+1.2	+2.3	+14.7	+2.7
Idaho.....	3,852	309,356	80.31	-.6	+7.9	-11.7	-12.0
Ill. 3/.....	44,503	2,460,691	55.29	-1.1	-.3	-20.4	-58.4
Ind.....	21,409	2,056,901	96.08	-.7	+3.3	-5.9	+4.2
Iowa.....	26,502	2,536,403	95.71	(6/)	-.6	-2.8	-.6
Kans. 3/.....	20,008	1,894,877	94.71	-.6	+.7	-8.5	-11.5
Ky. 3/.....	58,998	3,790,212	64.24	(7/)	+1.6	+.7	+2.9
La.....	130,630	11,459,494	87.72	+.1	+5.9	-.2	+3.1
Maine 3/.....	10,785	1,032,320	95.72	+.3	+11.4	-.9	+15.0
Md. 3/.....	10,294	963,215	93.57	+.6	+1.0	+3.6	+31.9
Mass.....	49,989	4,677,787	93.58	-.3	+.7	-4.9	-3.0
Mich.....	41,150	3,604,784	87.60	-.4	+.2	-15.6	-21.4
Minn.....	32,745	1,718,406	52.48	-.3	-2.1	+2.2	-38.3
Miss.....	73,157	2,993,680	40.92	(6/)	+.2	+.1	+2.9
Mo.....	99,094	7,459,403	75.28	-.2	-.6	-3.1	+4.9
Mont.....	4,148	345,934	83.40	-.1	-.8	-21.2	-9.0
Nebr. 3/.....	10,482	924,873	88.23	(7/)	-.7	-15.8	-20.5
Nev.....	2,345	190,341	81.17	+.7	-3.1	-10.9	-18.1
N. H.....	4,252	470,170	110.58	+.4	+.2	-3.5	+5.3
N. J.....	13,958	1,238,497	88.73	-.2	-.5	+1.0	+3.9
N. Mex. 3/.....	9,831	860,009	87.48	-.3	-.4	-4.7	+7.3
N. Y. 3/.....	57,329	5,816,773	101.46	-.2	+4.8	+1.3	+5.8
N. C.....	41,929	2,849,745	67.97	-.1	+.2	-1.8	+10.5
N. Dak. 3/.....	4,990	322,323	64.59	-.1	-15.4	-3.3	-35.4
Ohio.....	80,423	7,670,987	95.38	+1.5	+4.8	-2.4	+7.2
Okla. 3/.....	80,776	6,063,246	75.06	+.1	-.1	-2.4	-23.8
Oreg.....	9,498	711,893	74.95	-.8	-.1	-7.7	-3.2
Pa.....	43,635	3,017,896	69.16	+.1	(7/)	-5.5	-18.9
P. R. 3/.....	27,732	238,326	8.59	-.8	-.7	-8.9	-18.0
R. I. 3/.....	5,378	526,224	97.85	-1.0	-.5	-8.2	-5.6
S. C.....	24,080	1,366,296	56.74	-.8	+1.5	-5.6	-2.8
S. Dak.....	6,237	566,682	90.86	-.4	+.6	-11.7	-6.1
Tenn.....	44,378	2,636,059	59.40	-.3	-3.2	-.8	+2.6
Tex.....	228,064	17,130,216	75.11	(6/)	-.3	-.9	+6.5
Utah.....	4,433	316,463	71.39	-.8	+.2	-7.4	-4.9
Vt. 3/.....	5,193	492,680	94.87	-.1	+.4	-4.5	+6.0
V. I.....	432	17,555	40.64	+.2	+.4	-.9	-.8
Va.....	12,795	899,932	70.33	-.4	+.4	-2.9	+6.6
Wash.....	29,877	2,307,214	77.22	-.2	-3.0	-8.6	-17.4
W. Va.....	13,392	758,171	56.61	-.8	-.3	-4.4	+8.3
Wis.....	27,670	3,407,813	123.16	+1.5	+1.4	-2.5	+10.6
Wyo.....	2,324	205,589	88.46	-.9	-1.1	-4.4	-2.2

1/ All data subject to revision. 2/ Includes 3,759 recipients aged 60-64 in Colorado and payments of $324,957 to these recipients. Such payments were made without Federal participation. 3/ Represents aid to the aged, under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged. 4/ In addition, supplemental payments from general assistance funds were made to recipients. 5/ Data for December; March data not received. 6/ Increase of less than 0.05 percent. 7/ Decrease of less than 0.05 percent.

Table 4. Medical assistance for the aged: Recipients and payments for recipients, by State, March 1966 1/

State	Number of recipients 2/	Payments for recipients		Percentage change from--			
		Total amount	Average	February 1966 in--		March 1965 in--	
				Number	Amount	Number	Amount
Total.....	220,072	$41,641,324	$189.22	-14.6	-12.9	-10.0	-8.7
Ala.....	252	89,316	354.43	-1.6	+9.1	-6.0	+4.8
Ark.....	3,220	209,955	65.20	+3.8	-7.4	+3.7	+5.0
Colo.....	5,907	3/ 1,092,424	184.94	-32.2	-7.8	+25.2	+22.5
Conn.....	8,153	3/ 1,417,788	173.90	-6.1	-5.2	+17.6	+11.1
Del.....	193	18,586	96.30	+28.7	+115.9	(4/)	(4/)
D. C.....	686	361,955	527.63	+32.2	+181.4	-21.1	+34.6
Fla. 5/.....	908	298,038	328.24	-11.9	-16.1	-5.4	-4.6
Guam 5/.....	29	1,626	(4/)	---	---	---	---
Idaho.....	2,703	377,620	139.70	+2.3	-5.3	+4.6	-9.2
Ind.....	1,171	204,727	174.83	-1.3	-1.6	(4/)	(4/)
Iowa.....	2,310	488,298	211.38	-42.2	-21.1	-58.5	-15.6
Kans. 5/.....	3,487	3/ 580,915	166.59	-2.8	+4.8	+20.4	+31.6
Ky. 5/.....	11,865	453,490	38.22	-6.1	+11.8	+22.9	+20.2
La.....	689	144,015	209.02	+60.2	+107.9	+22.4	+31.9
Maine 5/.....	462	140,180	303.42	+37.5	+39.3	-9.9	+6.7
Md. 5/ 7/.....	13,811	594,457	43.04	+5.7	-7.0	+27.7	+37.4
Mass.....	31,994	3/ 5,593,927	174.84	+.6	-2.5	+8.4	+4.5
Mich.....	13,771	4,858,557	352.81	+17.7	+10.8	+143.2	+146.0
Mont.....	1,860	290,622	156.25	-.5	+.8	(8/)	(8/)
Nebr. 5/.....	2,920	3/ 625,657	214.27	-3.0	+1.1	+993.6	+571.8
Nev.....	341	3/ 121,239	355.54	(4/)	(4/)	(8/)	(8/)
N. H.....	1,776	46,973	26.45	-23.2	-45.2	+6.2	-44.5
N. J.....	6,040	3/ 1,537,419	254.54	+1.3	+2.9	+13.8	+20.2
N. Mex. 5/.....	150	32,966	219.77	(4/)	(4/)	(8/)	(8/)
N. Y. 5/.....	40,425	3/ 16,220,203	401.24	+9.7	+42.9	+14.0	+49.1
N. C.....	2,150	363,791	169.21	-28.8	+68.7	+171.8	+55.1
Oreg.....	4,380	630,286	143.90	-2.9	-4.6	+3.7	-.4
R. I. 5/.....	10,984	895,821	81.56	+5.5	-.1	+179.9	+80.1
S. C.....	1,215	220,326	181.34	-1.6	+4.3	-13.6	-17.5
S. Dak.....	1,500	119,746	79.83	+2.3	-14.1	+166.0	+347.5
Tenn.....	11,625	434,261	37.36	+3.4	-.1	+44.1	+50.3
Utah.....	2,466	290,400	117.76	-.3	-5.2	+8.5	+25.6
Vt. 5/.....	165	35,757	216.71	-20.3	+11.3	+3.8	-12.5
V. I.....	104	3,093	29.74	(4/)	(4/)	(4/)	(4/)
Va.....	4,153	279,090	67.20	-3.5	-5.4	+47.9	+42.1
Wash.....	10,460	1,394,002	133.27	+.3	-9.4	+2.7	+1.8
W. Va.....	9,009	180,594	20.05	-21.2	-34.7	-29.6	-55.7
Wis.....	6,710	965,612	143.91	+12.3	+13.2	+23.1	+21.1
Wyo.....	28	27,592	(4/)	(4/)	(4/)	(4/)	(4/)

1/ All data subject to revision. 2/ Persons for whom vendor payments were made during the report month. 3/ Includes money payments not subject to Federal participation as follows: $26,233 in Colorado, $66 in Connecticut, $16,191 in Kansas, $94,565 in Massachusetts, $14,528 in Nebraska, $2,087 in Nevada, $3,041 in New Jersey, and $52,903 in New York. 4/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 5/ Represents medical assistance for the aged under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 6/ Data for December; March data not received. 7/ Estimated. 8/ No program in operation in March 1965.

Table 5. Aid to the blind: Recipients and payments to recipients, by State, March 1966 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	February 1966 in--		March 1965 in--	
				Number	Amount	Number	Amount
Total 2/ 3/...	85,305	$7,755,450	$90.91	-0.3	+0.2	-11.3	-7.4
Ala.....	1,868	128,727	68.91	-.3	-.2	+1.5	+2.1
Alaska 4/.....	108	9,036	83.67	+.9	+.7	-1.8	-.3
Ariz.....	779	55,665	71.46	-1.4	-1.4	-4.8	-4.7
Ark.....	1,915	141,629	73.96	+.2	+.6	-.4	+1.5
Calif. 2/.....	12,383	1,596,772	128.95	-.8	-7.7	-.9	-8.6
Colo.....	232	20,976	90.41	-1.7	-1.5	-7.2	-1.1
Conn.....	311	34,626	111.34	+1.3	-4.1	+1.0	+4.8
Del.....	335	26,852	80.16	+1.5	-7.6	+9.5	-1.8
D. C.....	195	14,898	76.40	+1.0	+4.5	-3.9	-2.6
Fla. 4/.....	2,598	178,198	68.59	+.8	+1.2	+.3	+1.8
Ga.....	3,201	198,528	62.02	-.1	+.1	+.4	+3.6
Guam 5/.....	6	180	(6/)	---	---	---	---
Hawaii 4/.....	69	6,010	87.10	(6/)	(6/)	(6/)	(6/)
Idaho.....	123	8,735	71.02	+.8	+1.1	-8.9	-14.1
Ill. 4/.....	2,140	149,473	69.85	-2.0	-1.0	-12.5	-42.5
Ind.....	1,730	170,759	98.70	+.3	+3.9	-2.8	+3.9
Iowa.....	1,070	109,094	101.96	-1.4	-2.1	-7.0	-5.8
Kans. 4/.....	475	50,779	106.90	+1.1	+8.0	-6.5	+1.1
Ky. 4/.....	2,483	183,275	73.81	-.6	-1.0	-.5	+4.0
La.....	2,670	213,087	79.81	+.2	-.4	-3.6	-5.5
Maine 4/.....	256	22,806	89.09	-1.5	+1.6	-16.9	-10.8
Md. 4/.....	381	33,590	88.16	0	+3.0	-1.8	+6.3
Mass.....	2,286	345,889	151.31	+.9	+11.3	+.2	+6.9
Mich.....	1,601	149,266	93.23	-.7	+2.3	-3.7	-3.1
Minn.....	964	69,027	71.60	-.2	-1.9	-7.3	-41.7
Miss.....	2,500	116,684	46.67	-.6	-.9	-4.7	-1.6
Mo. 2/.....	4,232	338,560	80.00	-.5	-.5	-4.0	+2.4
Mont.....	221	16,122	72.95	-1.3	+.1	-12.0	-25.5
Nebr. 4/.....	521	55,082	105.72	-2.1	-6.7	-17.4	-23.0
Nev.....	159	16,829	105.84	0	-3.8	0	-7.3
N. H.....	239	27,702	115.91	-2.0	-1.1	-9.8	-2.8
N. J.....	911	85,169	93.49	+.2	+2.0	-1.8	+4.1
N. Mex. 4/.....	349	36,232	103.82	0	+.2	+1.2	+11.7
N. Y. 4/.....	3,153	436,082	138.31	-1.7	+16.9	+1.2	+16.8
N. C.....	4,797	348,656	72.68	-.2	+.8	-3.5	+2.5
N. Dak. 4/.....	78	5,907	75.73	(6/)	(6/)	(6/)	(6/)
Ohio.....	3,099	276,292	89.16	-.7	-3.3	-14.2	-3.5
Okla. 4/.....	1,610	166,730	103.56	+1.0	+1.4	-1.6	-16.7
Oreg.....	498	48,964	98.32	-.8	+3.1	+7.6	+18.3
Pa. 3/.....	9,211	985,120	106.95	+.9	+7.4	-47.5	-26.1
P. R. 4/.....	1,304	11,286	8.65	-.4	-.2	-6.5	-4.8
R. I. 4/.....	107	10,622	99.27	+.9	+1.4	+5.9	+8.4
S. C.....	1,882	122,127	64.89	0	-.2	+1.5	+1.9
S. Dak.....	109	7,930	72.75	+.9	+3.9	-3.5	-1.7
Tenn.....	2,039	120,851	59.27	-.3	-2.5	-3.4	+3.2
Tex.....	4,425	314,355	71.04	-.3	-.3	-6.1	-4.1
Utah.....	166	13,249	79.81	-.6	+5.7	+.6	+16.1
Vt. 4/.....	126	9,547	75.77	+3.3	-2.4	+4.1	+7.6
V. I.....	10	370	(6/)	(6/)	(6/)	(6/)	(6/)
Va.....	1,142	81,547	71.41	+.5	-2.2	-.3	+1.8
Wash.....	671	58,691	87.47	-.6	-7.0	-1.2	-7.5
W. Va.....	760	44,790	58.93	-.3	-.6	-4.0	+17.7
Wis.....	749	76,558	102.21	-2.0	-5.3	-6.1	-.7
Wyo.....	58	5,519	95.16	(6/)	(6/)	(6/)	(6/)

1/ All data subject to revision. 2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $11,049 to 68 recipients and Missouri, $60,906 to 758 recipients. 3/ Does not include $605,220 to 8,111 recipients under State blind pension program in Pennsylvania administered under State law without Federal participation. 4/ Represents aid to the blind under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Data for December; March data not received. 6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.

Table 6. Aid to the permanently and totally disabled: Recipients and payments to recipients by State, March 1966 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	February 1966 in--		March 1965 in--	
				Number	Amount	Number	Amount
Total	579,873	$48,535,359	$83.70	+0.3	-0.9	+7.3	+6.9
Ala.	14,790	746,081	50.44	(2/)	(3/)	-.4	+7.9
Alaska 4/	251	32,507	129.51	+1.6	-3.7	+20.7	+.3
Ariz.	4,187	280,587	67.01	+1.1	+1.1	+20.3	+19.9
Ark.	9,696	627,037	64.67	+.5	+2.9	+1.6	+5.8
Calif.	83,700	8,926,412	106.65	-1.0	-12.2	+24.9	+12.2
Colo.	6,512	521,364	80.06	+.4	+1.4	+7.6	+11.7
Conn.	9,048	704,744	77.89	+.6	-6.8	+12.5	+13.0
Del.	497	39,234	78.94	-1.4	+1.5	+14.5	+17.6
D. C.	3,511	292,116	83.20	+1.5	+3.1	+7.0	+8.1
Fla. 4/	18,790	1,303,863	69.39	+1.5	+1.5	+7.9	+6.2
Ga.	27,968	1,776,630	63.52	+.4	+1.7	+3.7	+6.2
Guam 5/	46	2,828	(6/)	---	---	---	---
Hawaii 4/	1,064	94,561	88.87	+.7	+1.3	-1.1	-30.6
Idaho	3,216	187,647	58.35	+.6	+.3	+5.0	+7.9
Ill. 4/	29,085	2,151,530	73.97	-.5	+.1	-1.2	-36.3
Ind.	1,868	240,327	128.65	+1.3	(2/)	+24.9	+31.2
Iowa	1,457	124,358	85.35	0	-12.7	+15.8	+20.0
Kans. 4/	5,341	636,551	119.18	+.9	+1.2	+6.2	+7.7
Ky. 4/	12,246	987,481	80.64	+.9	+4.0	+11.9	+17.3
La.	20,219	1,218,623	60.27	+1.1	+1.7	+3.8	+6.6
Maine 4/	2,276	220,121	96.71	-.2	+5.1	+.2	+8.4
Md. 4/	8,309	787,252	94.75	+1.1	+1.9	+6.6	+26.5
Mass.	13,830	2,098,676	151.75	+1.0	-1.3	+7.6	+6.9
Mich.	14,363	1,626,269	113.23	+1.2	+2.5	+36.5	+49.6
Minn.	4,959	341,670	68.90	+4.6	+4.8	+30.1	+45.7
Miss.	19,978	913,252	45.71	+.8	+.7	+7.0	+12.7
Mo.	15,560	1,213,307	77.98	-.1	-1.0	+2.5	+10.2
Mont.	1,626	102,414	62.99	-.1	+.9	+18.3	-6.1
Nebr. 4/	3,073	345,118	112.31	+.6	-.4	+14.2	+28.4
N. H.	665	79,892	120.14	+1.4	+.8	+6.7	+10.8
N. J.	8,958	941,003	105.05	+.4	+.8	+2.7	+8.9
N. Mex. 4/	4,113	416,084	101.16	+1.5	+1.6	+8.0	+21.2
N. Y. 4/	36,426	5,526,407	151.72	-1.1	+12.8	+2.9	+17.9
N. C.	22,907	1,844,730	80.53	+1.4	+5.4	+2.0	+13.5
N. Dak. 4/	1,572	115,286	73.34	+.6	-7.7	-6.0	-44.9
Ohio	20,032	1,735,766	86.65	+.3	+.9	+4.0	+7.9
Okla. 4/	15,810	1,458,901	92.28	+1.7	+1.7	+9.7	-9.5
Oreg.	8,723	622,549	71.37	-.1	-2.6	+7.2	+12.2
Pa.	20,256	1,447,501	71.46	+1.1	+.3	-2.5	-8.9
P. R. 4/	20,060	173,780	8.66	-.3	-.2	-3.9	-3.9
R. I. 4/	2,952	286,262	96.97	+1.1	+1.4	+3.6	+6.0
S. C.	9,244	521,181	56.38	+.4	+2.8	+3.5	+4.5
S. Dak.	1,167	92,602	79.35	+.3	+2.8	+4.9	+19.1
Tenn.	14,358	844,684	58.83	+.7	-.7	+8.3	+17.0
Tex.	10,184	599,816	58.90	+.4	+.5	+4.2	+7.5
Utah	4,958	374,496	75.53	-.4	-1.5	-.3	+9.1
Vt. 4/	1,362	116,421	85.48	+.4	-.5	+10.5	+19.0
V. I.	48	1,920	(6/)	(6/)	(6/)	(6/)	(6/)
Va.	6,928	513,195	74.08	+.2	+2.1	+.5	+7.0
Wash.	18,923	1,123,226	59.36	+.8	-3.8	+4.2	-4.0
W. Va.	5,807	320,921	55.26	+.3	+.5	-7.2	+8.2
Wis.	6,222	773,206	124.27	-2.8	-6.8	+7.3	+7.5
Wyo.	732	62,970	86.02	+.5	+1.5	+9.7	+14.9

1/ All data subject to revision. 2/ Decrease of less than 0.05 percent. 3/ Increase of less than 0.05 percent. 4/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ December data; March data not received. 6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.

Table 7. Aid to families with dependent children: Recipients and payments to recipients, by State, March 1966 1/

/Includes vendor payments for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
		Total 2/	Children	Total amount	Average per--		Feb. 1966 in--		March 1965 in--	
					Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/ 4/....	1,094,199	4,575,502	3,445,875	$162,217,927	$148.25	$35.45	+0.3	+1.3	+1.9	+5.2
Ala. 3/.....	17,351	71,279	56,562	910,756	52.49	12.78	+.5	+.7	-5.7	+2.0
Alaska 3/.....	1,313	4,795	3,676	170,669	129.98	35.59	+1.3	+1.6	-1.1	+.8
Ariz. 3/.....	9,474	40,987	31,209	1,147,091	121.08	27.99	+1.0	+.8	+.8	-.7
Ark.....	7,586	32,117	24,323	554,014	73.03	17.25	+1.6	+1.6	+3.8	+4.3
Calif. 3/ 4/....	152,592	638,301	469,916	28,342,483	185.74	44.40	-1.1	-4.1	+10.3	+9.7
Colo.....	11,975	46,371	35,962	1,928,646	161.06	41.59	+.3	+1.6	+7.9	+19.4
Conn. 4/.....	14,069	56,818	42,163	2,766,680	196.65	48.69	+.1	-5.2	-6.5	-1.9
Del. 4/.....	2,949	13,288	10,132	393,871	133.56	29.64	+.2	+2.2	-1.6	+3.3
D. C.....	4,725	22,454	18,117	752,734	159.31	33.52	(5/)	+.8	+8.9	+11.5
Fla.....	30,119	117,404	93,639	1,838,466	61.04	15.66	+3.9	+2.4	+9.8	+7.1
Ga.....	20,617	82,411	63,791	1,995,423	96.79	24.21	+1.7	+1.9	+10.7	+21.2
Guam 6/.....	144	773	651	14,906	103.51	19.28	---	---	---	---
Hawaii 4/.....	3,453	15,146	11,299	589,200	170.63	38.90	+1.8	+1.4	+7.0	+17.8
Idaho.....	2,606	10,149	7,425	398,491	152.91	39.26	+1.4	+.8	-2.1	-.6
Ill. 3/ 4/.....	54,402	257,549	200,870	10,407,339	191.30	40.41	+.9	+2.2	-4.2	-18.6
Ind. 3/.....	11,766	48,783	36,809	1,567,363	133.21	32.13	+.7	+1.5	-.3	+8.2
Iowa.....	11,530	46,345	33,841	1,925,584	167.01	41.55	+.6	+.5	+4.3	+11.1
Kans. 3/ 4/.....	9,052	38,163	29,496	1,561,220	172.47	40.91	+.7	+1.8	-.9	+.8
Ky. 3/.....	21,560	84,270	60,767	2,221,048	103.02	26.36	+.9	+1.1	+2.6	+9.9
La. 3/.....	24,642	108,829	83,253	2,606,146	105.76	23.95	+.9	+1.0	+2.5	+5.9
Maine.....	5,215	19,514	14,430	609,243	116.83	31.22	+1.5	+1.7	+1.4	+9.7
Md. 3/ 4/.....	21,895	91,683	70,893	3,583,005	163.64	39.08	-.1	+.4	+7.8	+25.4
Mass. 4/.....	27,790	105,423	79,258	5,166,047	185.90	49.00	(5/)	+1.2	+8.6	+9.7
Mich. 3/ 4/.....	38,405	158,180	118,353	5,723,456	149.03	36.18	+1.0	+1.9	-5.8	-3.6
Minn. 3/.....	14,496	53,201	41,376	2,471,715	170.51	46.46	+1.1	+.9	+3.1	-10.5
Miss.....	20,675	84,375	67,926	735,193	35.56	8.71	+.7	+2.4	+1.8	-10.7
Mo.3/.....	26,198	108,135	83,082	2,762,169	105.43	25.54	+1.0	+.7	-.1	+4.7
Mont.....	2,054	8,244	6,411	302,533	147.29	36.70	+2.6	+3.7	+12.1	+13.4
Nebr. 3/ 4/.....	4,684	19,234	14,747	622,190	132.83	32.35	+.5	-.8	+15.8	+20.1
Nev.....	1,340	5,567	4,398	179,912	134.26	32.32	+1.6	+.9	+2.8	+7.1
N. H.....	1,205	4,977	3,724	239,834	199.03	48.19	+2.4	+1.3	+6.5	+15.7
N. J.....	29,022	115,822	88,023	5,910,028	203.64	51.03	+.8	+.9	+8.8	+11.6
N. Mex. 3/.....	7,517	31,158	23,778	1,062,421	141.34	34.10	+2.0	+1.9	+4.9	+8.3
N. Y. 4/.....	140,189	593,844	436,585	31,044,228	221.45	52.28	-1.2	+8.3	+8.7	+16.3
N. C. 3/.....	27,145	113,097	84,796	2,968,013	109.34	26.24	+2.1	+2.8	-.7	+5.5
N. Dak.....	2,016	8,137	6,224	325,251	161.33	39.97	+1.5	(5/)	+.3	-11.3
Ohio 4/.....	46,100	196,041	146,557	6,696,191	145.25	34.16	+.8	+.7	-1.4	+6.3
Okla. 3/ 4/.....	19,399	77,496	57,825	2,522,988	130.06	32.56	+2.9	+4.1	+4.3	+4.6
Oreg. 3/ 4/.....	9,520	38,044	27,635	1,568,402	164.75	41.23	+2.7	+3.5	+10.3	+16.1
Pa. 4/.....	61,292	269,608	197,248	8,566,378	139.76	31.77	(7/)	-.8	-12.8	-12.0
P. R.....	46,437	189,065	151,074	777,327	16.74	4.11	-.3	-.2	-5.1	-5.6
R. I. 4/.....	6,167	24,415	18,037	1,061,769	172.17	43.49	+.8	+.5	-1.1	+4.7
S. C.....	6,923	27,451	22,159	444,998	64.28	16.21	+.4	+1.8	-8.3	-8.8
S. Dak.....	3,222	12,060	9,105	400,839	124.41	33.24	+.7	+1.2	+5.6	+11.2
Tenn. 3/.....	20,480	82,869	63,558	2,003,880	97.85	24.18	+.4	-1.6	+7.9	+15.8
Tex.....	21,453	97,249	73,601	2,068,760	96.43	21.27	+.9	+1.3	+4.0	+18.6
Utah 3/ 4/.....	6,042	24,779	17,900	891,582	147.56	35.98	+2.2	+3.0	+4.4	+19.7
Vt.....	1,480	5,662	4,182	166,009	112.17	29.32	+.8	+.2	+3.1	+1.6
V. I.....	313	1,279	1,080	25,298	80.82	19.78	+4.2	+2.6	+10.7	+16.8
Va. 3/.....	11,221	47,893	36,908	1,223,474	109.03	25.55	+.9	+2.0	+1.6	+4.0
Wash. 3/ 4/.....	17,192	69,102	49,566	2,662,555	154.87	38.53	-.4	+.7	-15.0	-8.7
W. Va. 3/ 4/....	23,043	107,951	75,392	2,951,036	128.07	27.34	-.4	-.4	-8.5	-4.2
Wis. 3/.....	11,032	43,562	32,934	2,229,950	202.13	51.19	+.1	-1.2	-2.7	+5.2
Wyo.....	1,112	4,153	3,209	159,123	143.10	38.32	+1.0	-1.3	+12.4	+7.7

1/ All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Includes data on foster-family care; see table 10. 4/ Includes data on unemployed-parent segment; see table 8. 5/ Increase of less than 0.05 percent. 6/ Data for December; March data not received. 7/ Decrease of less than 0.05 percent.

Table 8. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, March 1966 1/
/Includes vendor payments for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
		Total 2/	Children	Total	Average per		February 1966 in--		March 1965 in--	
					Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total...	70,200	410,389	278,709	$14,148,446	$201.54	$34.48	-0.9	-0.4	-14.9	-11.9
Calif.....	21,752	126,991	86,775	4,790,014	220.21	37.72	+3.0	-1.4	+17.5	+15.8
Colo.....	345	2,029	1,344	80,264	232.65	39.56	+35.6	+42.0	(3/)	(3/)
Conn.....	1,097	6,575	4,435	196,751	179.35	29.92	-1.9	-16.1	-43.7	-47.6
Del.....	311	1,869	1,301	52,919	170.16	28.31	-9.7	-2.4	-34.7	-30.6
Hawaii.....	259	1,726	1,210	56,316	217.44	32.63	+.6	-5.5	-5.0	+8.1
Ill.....	4,422	28,908	20,266	1,102,230	249.26	38.13	+1.0	+1.1	-34.5	-42.7
Kans.....	396	2,477	1,700	93,151	235.23	37.61	+.3	+1.2	-21.9	-17.4
Md.....	517	2,965	1,958	102,393	198.05	34.53	-36.2	-33.5	-20.0	-5.7
Mass.....	673	3,836	2,643	177,237	263.35	46.20	-2.6	-.1	-6.8	-4.9
Mich.....	2,315	14,818	10,268	460,663	198.99	31.09	+3.9	+7.9	-44.2	-42.9
Nebr.....	71	461	323	11,045	155.56	23.96	+4.3	+9.7	(3/)	(3/)
N. Y.....	15,217	86,685	59,006	3,322,204	218.32	38.33	-5.5	+3.2	-14.3	-6.7
Ohio.....	4,471	26,145	17,771	801,038	179.16	30.64	+2.3	+3.9	-21.1	-17.9
Okla.....	62	362	242	10,965	176.85	30.29	+22.3	+19.3	+66.1	+85.4
Oreg.....	1,464	8,289	5,620	315,861	215.75	38.11	+6.9	+6.9	+19.9	+23.9
Pa.....	4,267	24,856	16,586	606,038	142.03	24.38	-4.9	-10.5	-42.8	-43.3
R. I.....	345	2,044	1,365	72,506	210.16	35.47	-.2	-1.7	-39.8	-37.0
Utah.....	1,193	6,484	4,407	154,005	129.09	23.75	-1.7	+.8	-9.1	+27.7
Wash.....	2,233	12,935	8,565	375,236	168.04	29.01	-7.3	-10.2	-41.4	-40.6
W. Va.....	8,790	49,934	32,924	1,367,610	155.59	27.39	-.4	-.6	-14.6	-11.3

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ No program in operation in March 1965.

Table 9. Aid to families with dependent children: Recipients and money payments to recipients under community work and training programs, by State, March 1966 1/

State	Number of families with an adult on work and training programs	Number of recipients				Money payments to recipients			
		Total 2/	Adults		Children	Total	For work performed on work and training programs	Average per family	
			On work and training programs	Other				Total	For work performed on work and training programs
Total 3/.....	20,545	117,126	20,620	17,639	78,867	$3,703,372	$2,672,463	$180.26	$130.08
Calif.....	6,271	35,333	6,346	4,978	24,009	1,344,334	592,432	214.37	94.47
Ill.....	1,252	7,655	1,252	1,050	5,353	280,276	218,991	223.86	174.91
Kans.....	140	848	140	130	578	34,293	16,449	244.95	117.49
Md.....	74	410	74	71	265	13,591	8,799	183.66	118.91
Mich.....	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	---	---
Ohio.....	3,299	18,790	3,299	2,475	13,016	713,488	564,710	216.27	171.18
Oreg.....	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	---	---
Pa.....	400	2,283	400	396	1,487	74,577	49,225	186.44	123.06
Wash.....	319	1,873	319	319	1,235	55,800	34,844	174.92	109.23
W. Va.....	8,790	49,934	8,790	8,220	32,924	1,187,013	1,187,013	135.04	135.04

1/ Represents data for community work and training programs under plans for such programs submitted under Section 409 of Social Security Act. These data are included in data for the total program and for the unemployed-parent segment. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Data not reported for Michigan or Oregon.

Table 10. Aid to families with dependent children receiving foster care: Recipients and payments for foster care, by State, March 1966 1/

State	Number of--				Payments for foster care			
	Children receiving foster care			Families from which children were removed	Total amount	Average per child	In foster homes	In institutions
	Total	In foster homes	In institutions					
Total.....	7,954	2/6,169	2/ 301	3,407	$570,806	$71.76	2/$407,985	2/ $47,107
Ala.....	0	0	0	0	0	---	0	0
Alaska.....	97	97	0	41	8,669	89.37	8,669	0
Ariz.....	184	184	0	70	8,562	46.53	8,562	0
Calif.....	1,451	1,323	128	760	129,080	88.96	102,101	26,979
Ill.....	1,484	(2/)	(2/)	589	115,714	77.97	(2/)	(2/)
Ind.....	142	142	0	48	5,644	39.75	5,644	0
Kans.....	129	126	3	58	11,966	92.76	11,582	384
Ky.....	44	44	0	13	3,050	(3/)	3,050	0
La.....	701	657	44	281	44,177	63.02	39,733	4,444
Md.....	887	844	43	289	72,895	82.18	68,176	4,719
Mich.....	70	61	9	24	5,081	72.59	4,271	810
Minn.....	185	153	32	83	17,957	97.06	10,628	7,329
Mo.....	71	71	0	17	3,995	56.27	3,995	0
Nebr.....	27	27	0	12	1,246	(3/)	1,246	0
N. Mex.....	100	100	0	20	6,058	60.58	6,058	0
N. C.....	12	12	0	4	693	(3/)	693	0
Okla.....	343	343	0	248	16,780	48.92	16,780	0
Oreg.....	185	185	0	82	13,849	74.86	13,849	0
Tenn.....	348	314	34	116	23,496	67.52	21,591	1,905
Utah.....	492	492	0	232	19,299	39.23	19,299	0
Va.....	62	62	0	18	2,997	48.34	2,997	0
Wash.....	607	607	0	271	37,173	61.24	37,173	0
W. Va.....	136	128	8	56	8,122	59.72	7,585	537
Wisc.....	197	197	0	75	14,303	72.60	14,303	0

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. 2/ Excludes Illinois; breakdown not available. 3/ Average payment not computed on base of fewer than 50 children.

Table 11. Medical assistance: Recipients and payments for recipients, March 1966 1/

State	Number of recipients	Payments for recipients	
		Total amount	Average
Total, 7 States 2/.....	(3/)	$44,549,211	---
Total, 6 States reporting completely..	388,637	24,129,699	$62.09
Calif.....	(3/)	20,419,512	---
Hawaii.....	4,350	453,850	104.33
Ill.....	209,719	7,470,410	35.62
Minn.....	55,059	5,697,591	103.48
N. Dak.....	8,673	701,106	80.84
Okla.....	21,490	2,654,061	123.50
Pa.....	89,346	7,152,681	80.06

1/ Program initiated January 1966 under Public Law 89-97. All data subject to revision.
2/ Data not reported by Puerto Rico.
3/ Number of recipients not reported by California.

Table 12. General assistance: Recipients and payments to recipients, by State, March 1966 1/

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		February 1966 in--		March 1965 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	321,000	712,000	$22,412,000	$69.80	$31.48	-0.3	+1.6	-12.0	-7.9
Ala.	75	78	970	12.93	12.44	(3/)	(3/)	(3/)	(3/)
Alaska	248	838	16,523	66.62	19.72	-10.1	+3.6	-14.3	-20.6
Ariz.	2,350	6,053	124,329	52.91	20.54	-9.0	-1.5	+3.0	+4.2
Ark.	300	1,200	4,512	15.04	3.76	-21.7	-20.7	-3.2	-2.8
Calif.	23,685	40,250	1,451,641	61.29	36.07	+6.2	+11.7	+6.3	+10.5
Colo.	1,643	6,073	76,974	46.85	12.67	-7.7	-6.9	-43.2	-49.1
Conn.	4/ 4,342	4/ 12,665	4/ 323,578	74.52	25.55	-.8	+3.0	+2.3	-8.1
Del.	1,577	2,899	85,111	53.97	29.36	+14.3	+5.6	-2.2	-4.3
D. C.	848	922	65,836	77.64	71.41	+.2	+.9	+6.2	+6.4
Fla. 5/	8,400	(6/)	254,000	---	---	---	---	---	---
Ga.	2,578	6,630	79,238	30.74	11.95	+2.2	+7.9	-.5	+3.3
Guam 7/	38	46	2,059	(3/)	(3/)	---	---	---	---
Hawaii	1,103	1,586	97,956	88.81	61.76	+2.1	+3.1	+14.8	+24.4
Ill.	22,532	50,326	1,870,126	83.00	37.16	-2.0	-.5	-23.7	-21.5
Iowa 5/	3,700	8,900	151,000	---	---	---	---	---	---
Kans.	2,805	6,862	212,589	75.79	30.98	-11.3	-1.4	-21.1	-10.6
Ky.	1,593	4,843	55,924	35.11	11.55	+6.0	+22.9	-13.9	+.7
La.	7,208	7,903	373,690	51.84	47.28	-2.0	-1.9	-14.4	-14.3
Maine	2,956	9,252	129,015	43.65	13.94	-8.4	-13.7	-30.4	-36.2
Md.	8,662	9,735	678,554	78.34	69.70	-.7	+1.6	+9.2	+17.6
Mass.	7,693	15,546	563,069	73.19	36.22	-.6	+8.2	-11.3	-16.7
Mich.	19,261	60,657	1,946,956	101.08	32.10	+9.2	+8.5	-9.9	+8.9
Minn.	8,403	25,791	728,095	86.65	28.23	+.1	+3.4	-32.6	-31.6
Miss.	1,091	1,326	19,208	17.61	14.49	-.6	+.1	-22.6	-1.0
Mo.	9,973	13,144	668,533	67.03	50.86	-.1	+1.6	-9.4	-2.4
Mont.	1,523	4,692	96,948	63.66	20.66	-8.4	+1.6	-15.2	-9.0
Nev.	452	923	25,254	55.87	27.36	+6.1	+.7	+31.7	+19.2
N. H.	793	2,691	55,598	70.11	20.66	-4.3	+6.1	-40.2	-34.5
N. J. 8/	10,833	34,475	1,306,088	120.57	37.89	-3.3	+3.8	-15.0	-14.0
N. Mex.	310	711	12,669	40.87	17.82	+27.9	+5.6	+39.4	+16.1
N. Y. 9/	53,751	116,477	4,981,027	92.67	42.76	+1.3	+4.2	+5.1	+9.1
N. C.	2,000	6,254	49,563	24.78	7.92	-16.8	-8.7	-14.6	-8.2
N. Dak.	582	2,624	38,629	66.37	14.72	-5.2	-5.2	-20.8	-26.7
Ohio	25,782	80,181	1,786,235	69.28	22.28	-4.9	+.4	-12.8	-8.9
Okla.	7,137	(6/)	91,840	12.87	---	---	+7.0	---	-18.3
Oreg.	4,565	(6/)	277,204	60.72	---	---	+.2	---	-27.7
Pa.	32,123	39,142	2,199,722	68.48	56.20	-.2	-1.1	-15.0	-10.4
P. R.	998	998	8,702	8.72	8.72	+11.8	+15.7	-41.2	-38.5
R. I.	2,821	7,119	206,921	73.35	29.07	-1.5	+22.7	-3.5	+7.0
S. C.	1,234	1,389	35,329	28.63	25.43	-.9	-2.3	-15.0	+2.3
S. Dak.	580	2,123	23,168	39.94	10.91	+8.1	+4.2	-13.2	-9.7
Tenn.	1,957	3,542	44,048	22.51	12.44	-16.9	-9.4	-11.3	-18.2
Tex. 10/	9,600	(6/)	---	---	---	---	---	---	---
Utah	744	891	47,422	63.74	53.22	-6.6	-2.3	-86.0	-70.7
Vt. 10/	1,100	(6/)	---	---	---	---	---	---	---
V. I.	198	210	7,573	38.25	36.06	-1.9	-1.9	+5.0	+7.4
Va.	3,621	10,116	174,611	48.22	17.26	+17.0	+9.5	+16.6	+14.3
Wash.	7,672	12,204	562,721	73.35	46.11	-.3	+2.7	-24.7	-19.7
W. Va.	1,568	2,531	56,626	36.11	22.37	-9.7	-2.2	-9.3	-8.4
Wis.	6,522	20,970	588,355	90.21	28.06	+2.6	+3.5	-16.3	-21.4
Wyo.	553	2,113	46,309	83.74	21.92	-6.3	-6.9	-28.9	-23.7

1/ All data subject to revision. 2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count also includes an estimate for States not reporting such data. Excludes Idaho, Indiana, and Nebraska; data not available. 3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 4/ About 9 percent of this total is estimated. 5/ Partly estimated. 6/ Data not available. 7/ Data for December; March data not received. 8/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial, and total payments for such services. 9/ Includes an unknown number of cases and persons receiving only medical care. 10/ Estimated on basis of reports from sample of local jurisdictions.

Table 13. Amount of vendor payments for medical care for recipients of public assistance, by program and State, March 1966 1/

State	Old-age assistance	Medical assistance for the aged	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	Medical assistance	General assistance 1/
Total.....	$31,246,957	$41,641,324	$682,563	$9,903,330	$10,257,205	2/ $44,549,211	$9,942,000
Ala.....	1,519,501	89,316	4,619	78,080	478	(3/)	14
Alaska 4/.....	27,716	(3/)	434	14,599	262	(3/)	38,231
Ariz.....	87,980	(3/)	---	---	---	(3/)	---
Ark.....	926,799	209,955	28,646	258,321	54,877	(3/)	---
Calif.....	---	(3/)	---	---	---	20,419,512	---
Colo.....	655,367	5/ 1,092,424	4,196	110,994	156,839	(3/)	62,494
Conn.....	123,188	5/ 1,417,788	14,286	298,326	390,027	(3/)	---
Del.....	23,835	18,586	445	---	---	(3/)	---
D. C.....	63,749	361,955	519	34,506	1,166	(3/)	210
Fla. 4/.....	1,141,712	298,038	16,160	214,077	46,706	(3/)	---
Ga.....	1,278,034	(3/)	16,837	222,764	59,500	(3/)	---
Guam 6/.....	3,308	1,626	---	1,310	2,112	(3/)	---
Hawaii.....	---	(3/)	---	---	---	453,850	32,737
Idaho.....	68,396	377,620	90	25,439	---	(3/)	---
Ill.....	---	(3/)	---	---	---	7,470,410	813,775
Ind.....	1,093,266	204,727	64,947	152,649	291,145	(3/)	---
Iowa.....	1,072,609	488,298	12,273	19,629	186,904	(3/)	7/ 324,000
Kans. 4/.....	502,251	5/ 580,915	14,225	147,499	259,465	(3/)	157,842
Ky. 4/.....	827,454	453,490	21,548	197,496	278,617	(3/)	---
La.....	2,875,905	144,015	6,856	120,961	23,751	(3/)	4,863
Maine 4/.....	474,496	140,180	3,968	60,314	31,290	(3/)	94,300
Md. 4/.....	516,914	594,457	8,464	242,760	343,811	(3/)	5,432
Mass.....	888,440	5/ 5,593,927	30,537	1,124,132	633,226	(3/)	240,428
Mich.....	878,837	4,858,557	16,931	338,400	272,630	(3/)	1,669,114
Minn.....	---	(3/)	---	---	---	5,697,591	491,262
Miss.....	156,239	(3/)	2,368	---	---	(3/)	---
Mo.....	1,261,786	(3/)	---	87,385	61,818	(3/)	27,866
Mont.....	84,402	290,622	325	1,317	421	(3/)	346,037
Nebr. 4/.....	453,068	5/ 625,657	24,390	186,722	81,584	(3/)	---
Nev.....	19,276	5/ 121,239	1,099	(3/)	11,230	(3/)	155,025
N. H.....	102,624	46,973	4,842	24,063	39,443	(3/)	---
N. J.....	338,603	5/ 1,537,419	12,307	280,134	345,415	(3/)	290,116
N. Mex. 4/.....	297,797	32,966	10,973	128,906	140,238	(3/)	5,775
N. Y. 4/.....	1,496,359	5/16,220,203	162,150	2,788,596	3,843,920	(3/)	381,817
N. C.....	566,042	363,791	28,474	463,120	355,451	(3/)	87,740
N. Dak.....	---	(3/)	---	---	---	701,106	20,855
Ohio.....	2,251,549	(3/)	49,819	353,777	748,492	(3/)	1,109,424
Okla.....	---	(3/)	---	---	---	2,654,061	---
Oreg.....	175,082	630,286	7,488	198,892	173,195	(3/)	88,746
Pa.....	---	(3/)	---	---	---	7,152,681	438,281
P. R.....	---	(3/)	---	---	---	(2/)	---
R. I. 4/.....	95,675	895,821	1,953	58,863	149,176	(3/)	78,692
S. C.....	415,906	220,326	21,671	103,214	28,590	(3/)	14,077
S. Dak.....	237,921	119,746	741	22,480	---	(3/)	125,966
Tenn.....	576,914	434,261	4,078	51,689	53,760	(3/)	---
Tex.....	3,632,683	(3/)	---	---	---	(3/)	---
Utah.....	64,468	290,400	4,062	168,790	108,603	(3/)	3,159
Vt. 4/.....	252,394	35,757	1,950	34,536	---	(3/)	---
V. I.....	1,296	3,093	3	48	157	(3/)	280
Va.....	303,028	279,090	12,014	112,713	51,852	(3/)	28,409
Wash.....	571,183	1,394,002	15,193	531,838	285,348	(3/)	120,532
W. Va.....	201,135	180,594	11,400	75,634	385,473	(3/)	32,675
Wis.....	2,596,225	965,612	37,733	555,669	350,949	(3/)	239,932
Wyo.....	45,545	27,592	1,549	12,688	9,284	(3/)	35,611

1/ Data incomplete. Some States do not report these data and for some the data represent only partial reporting. The total includes an estimated amount for these States. 2/ Data not reported by Puerto Rico. 3/ No program in operation. 4/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified type of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Includes money payments not subject to Federal participation as follows: $26,233 in Colorado, $66 in Connecticut, $16,191 in Kansas, $94,565 in Massachusetts, $14,528 in Nebraska, $2,087 in Nevada, $8,041 in New Jersey, and $52,903 in New York. 6/ Data for December; March data not received. 7/ Partly estimated.

Table 14. Average payment per recipient for all assistance, for money payments, and for vendor payments for medical care, by program and State, March 1966 1

State	Old-age assistance			Medical assistance for the aged	Aid to the blind			Aid to the permanently and totally disabled			Aid to families with dependent children (per recipient)			Medical assistance
	All assistance	Money payments to recipients	Vendor payments for medical care		All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care	
Total....	$77.55	$62.72	$14.83	$189.22	$90.91	$82.91	$8.00	$83.70	$66.62	$17.08	$35.45	$33.21	$2.24	2/$62.09
Ala.....	72.50	58.91	13.59	354.43	68.91	66.44	2.47	50.44	45.17	5.28	12.78	12.77	.01	(3/)
Alaska 4/....	90.48	70.31	20.17	(3/)	83.67	79.65	4.02	129.51	71.35	58.16	35.59	35.54	.05	(3/)
Ariz.....	62.63	56.03	6.59	(3/)	71.46	71.46	---	67.01	67.01	---	27.99	27.99	---	(3/)
Ark.....	64.79	49.38	15.41	65.20	73.96	59.00	14.96	64.67	38.03	26.64	17.25	15.54	1.71	(3/)
Calif.....	95.36	95.36	---	(3/)	128.95	128.95	---	106.65	106.65	---	44.40	44.40	---	(2/)
Colo.....	93.78	78.31	15.46	184.94	90.41	72.33	18.09	80.06	63.02	17.04	41.59	38.21	3.38	(3/)
Conn.....	84.49	63.43	21.06	173.90	111.34	65.40	45.94	77.89	44.92	32.97	48.69	41.83	6.86	(3/)
Del.....	72.31	56.67	15.64	96.30	80.16	78.83	1.33	78.94	78.94	---	29.64	29.64	---	(3/)
D. C.....	90.58	62.90	27.68	527.63	76.40	73.74	2.66	83.20	73.37	9.83	33.52	33.47	.05	(3/)
Fla. 4/.....	65.02	50.07	14.95	328.24	68.59	62.37	6.22	69.39	58.00	11.39	15.66	15.26	.40	(3/)
Ga.....	61.04	47.30	13.74	(3/)	62.02	56.76	5.26	63.52	55.56	7.96	24.21	23.49	.72	(3/)
Guam 5/.....	53.80	35.72	18.08	(6/)	(6/)	(6/)	---	(6/)	(6/)	(6/)	19.28	16.55	2.73	(3/)
Hawaii 4/....	72.96	72.96	---	(3/)	87.10	87.10	---	88.87	88.87	---	38.90	38.90	---	104.33
Idaho.....	80.31	62.55	17.76	139.70	71.02	70.28	.73	58.35	50.44	7.91	39.26	39.26	---	(3/)
Ill. 4/.....	55.29	55.29	---	(3/)	69.85	69.85	---	73.97	73.97	---	40.41	40.41	---	35.62
Ind.....	96.08	45.01	51.07	174.83	98.70	61.16	37.54	128.65	46.94	81.72	32.13	26.16	5.97	(3/)
Iowa.....	95.71	55.23	40.47	211.38	101.96	90.49	11.47	85.35	71.88	13.47	41.55	37.52	4.03	(3/)
Kans. 4/.....	94.71	69.60	25.10	166.59	106.90	76.96	29.95	119.18	91.57	27.62	40.91	34.11	6.80	(3/)
Ky. 4/.....	64.24	50.22	14.03	38.22	73.81	65.13	8.68	80.64	64.51	16.13	26.36	23.05	3.31	(3/)
La.....	87.72	65.71	22.02	209.02	79.81	77.24	2.57	60.27	54.29	5.98	23.95	23.73	.22	(3/)
Maine 4/.....	95.72	51.72	44.00	303.42	89.09	73.59	15.50	96.71	70.21	26.50	31.22	29.62	1.60	(3/)
Md. 4/.....	93.57	43.36	50.22	7/43.04	88.16	65.95	22.22	94.75	65.53	29.22	39.08	35.33	3.75	(3/)
Mass.....	93.58	75.80	17.77	174.84	151.31	137.95	13.36	151.75	70.47	81.28	49.00	43.00	6.01	(3/)
Mich.....	87.60	66.24	21.36	352.81	93.23	82.66	10.58	113.23	89.67	23.56	36.18	34.46	1.72	(3/)
Minn.....	52.48	52.48	---	(3/)	71.60	71.60	---	68.90	68.90	---	46.46	46.46	---	103.48
Miss.....	40.92	38.79	2.14	(3/)	46.67	45.73	.95	45.71	45.71	---	8.71	8.71	---	(3/)
Mo.....	75.28	62.54	12.73	(3/)	80.00	80.00	---	77.98	72.36	5.62	25.54	24.97	.57	(3/)
Mont.....	83.40	63.05	20.35	156.25	72.95	71.48	1.47	62.99	62.18	.81	36.70	36.65	.05	(3/)
Nebr. 4/.....	88.23	45.01	43.22	214.27	105.72	58.91	46.81	112.31	51.54	60.76	32.35	28.11	4.24	(3/)
Nev.....	81.17	72.95	8.22	355.54	105.84	98.93	6.91	(3/)	(3/)	(3/)	32.32	30.30	2.02	(3/)
N. H.....	110.58	86.44	24.14	26.45	115.91	95.65	20.26	120.14	83.95	36.18	48.19	40.26	7.93	(3/)
N. J.....	88.73	64.47	24.26	254.54	93.49	79.98	13.51	105.05	73.77	31.27	51.03	48.04	2.98	(3/)
N. Mex. 4/...	87.48	57.19	30.29	219.77	103.82	72.38	31.44	101.16	69.82	31.34	34.10	29.60	4.50	(3/)
N. Y. 4/.....	101.46	75.36	26.10	401.24	138.31	86.88	51.43	151.72	75.16	76.56	52.28	45.80	6.47	(3/)
N. C.....	67.97	54.47	13.50	169.21	72.68	66.75	5.94	80.53	60.31	20.22	26.24	23.10	3.14	(3/)
N. Dak. 4/...	64.59	64.59	---	(3/)	75.73	75.73	---	73.34	73.34	---	39.97	39.97	---	80.84
Ohio.....	95.38	67.39	28.00	(3/)	89.16	73.08	16.08	86.65	68.99	17.66	34.16	30.34	3.82	(3/)
Okla. 4/.....	75.06	75.06	---	(3/)	103.56	103.56	---	92.28	92.28	---	32.56	32.56	---	123.50
Oreg.....	74.95	56.52	18.43	143.90	98.32	83.29	15.04	71.37	48.57	22.80	41.23	36.67	4.55	(3/)
Pa.....	69.16	69.16	---	(3/)	106.95	106.95	---	71.46	71.46	---	31.77	31.77	---	80.06
P. R. 4/.....	8.59	8.59	---	(3/)	8.65	8.65	---	8.66	8.66	---	4.11	4.11	---	(2/)
R. I. 4/.....	97.85	80.06	17.79	81.56	99.27	81.02	18.25	96.97	77.03	19.94	43.49	37.38	6.11	(3/)
S. C.....	56.74	39.47	17.27	181.34	64.89	53.38	11.51	56.38	45.21	11.17	16.21	15.17	1.04	(3/)
S. Dak.....	90.86	52.71	38.15	79.83	72.75	65.95	6.80	79.35	60.09	19.26	33.24	33.24	---	(3/)
Tenn.....	59.40	46.40	13.00	37.36	59.27	57.27	2.00	58.83	55.23	3.60	24.18	23.53	.65	(3/)
Tex.....	75.11	59.18	15.93	(3/)	71.04	71.04	---	58.90	58.90	---	21.27	21.27	---	(3/)
Utah.....	71.39	56.85	14.54	117.76	79.81	55.34	24.47	75.53	41.49	34.04	35.98	31.60	4.38	(3/)
Vt. 4/.....	94.87	46.27	48.60	216.71	75.77	60.29	15.48	85.48	60.12	25.36	29.32	29.32	---	(3/)
V. I.....	40.64	37.64	3.00	29.74	(6/)	(6/)	(6/)	(6/)	(6/)	(6/)	19.78	19.66	.12	(3/)
Va.....	70.33	46.65	23.68	67.20	71.41	60.89	10.52	74.08	57.81	16.27	25.55	24.46	1.08	(3/)
Wash.....	77.22	58.11	19.12	133.27	87.47	64.83	22.64	59.36	31.25	28.11	38.53	34.40	4.13	(3/)
W. Va.....	56.61	41.59	15.02	20.05	58.93	43.93	15.00	55.26	42.24	13.02	27.34	23.77	3.57	(3/)
Wis.....	123.16	29.33	93.83	143.91	102.21	51.84	50.38	124.27	34.96	89.31	51.19	43.13	8.06	(3/)
Wyo.....	88.46	68.87	19.60	(6/)	95.16	68.45	26.71	86.02	68.69	17.33	38.32	36.08	2.24	(3/)

1/ Averages based on cases receiving money payments, vendor payments for medical care, or both. Money payments may also include small amounts for assistance in kind and vendor payments for other than medical care. Averages for general assistance not computed because of difference among States in policy or practice regarding use of general assistance funds to pay medical bills for recipients of the special types of public assistance. 2/ Data not reported by Puerto Rico and California. 3/ No program in operation. 4/ Except for aid to families with dependent children and medical assistance, data for each program represent average payments for recipients of the specified type of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Data for December; March data not received. 6/ Average payment not computed on base of fewer than 50 recipients. 7/ Estimated.

Old-age, survivors, and disability insurance benefits summary data, March 1966

CURRENT MONTH DATA

Type of benefit	Benefits awarded in month		Benefits awarded in current-payment status, end of month			Amount of benefits paid 1/ in month (in thousands)
	Number	Average amount	Number	Monthly rate (in thousands)	Average amount	
Total, OASI and DI	514,366	---	---	---	---	$1,643,997
Total, OASI	450,352	---	---	---	---	1,496,992
Monthly benefits, OASI and DI	418,986	---	21,347,609	$1,553,083	---	1,623,791
Monthly benefits, OASI	354,972	---	19,517,716	1,426,901	---	1,476,787
Monthly benefits, DI	64,014	---	1,829,893	126,182	---	147,005
Old-age (retired-worker)	174,301	$96.62	11,273,819	948,562	$84.14	955,564
Disability (disabled-worker)	26,172	101.15	1,022,749	100,107	97.88	114,343
Wife's or husband's (OASI and DI)	47,349	44.72	2,827,013	121,725	43.06	126,293
Wife's or husband's (OASI)	39,494	46.48	2,623,327	114,694	43.72	117,241
Wife's or husband's (DI)	7,855	35.89	203,686	7,032	34.52	9,052
Widow's or widower's	39,057	74.27	2,440,233	180,234	73.86	191,881
Parent's	285	83.17	35,002	2,663	76.09	2,875
Child's (OASI and DI)	122,320	---	3,271,689	168,768	---	199,053
Child's (OASI--total)	92,333	---	2,668,231	149,725	---	175,443
Child's (OASI--life) 2/	23,501	38.83	489,491	15,953	32.59	18,544
Child's (OASI--survivor) 2/	68,832	64.23	2,178,740	133,772	61.40	156,899
Child's (DI)	29,987	33.92	603,458	19,043	31.56	23,610
Mother's	9,502	68.37	477,104	31,023	65.02	33,783
Lump-sum death payments	95,380	3/226.72	---	---	---	20,205

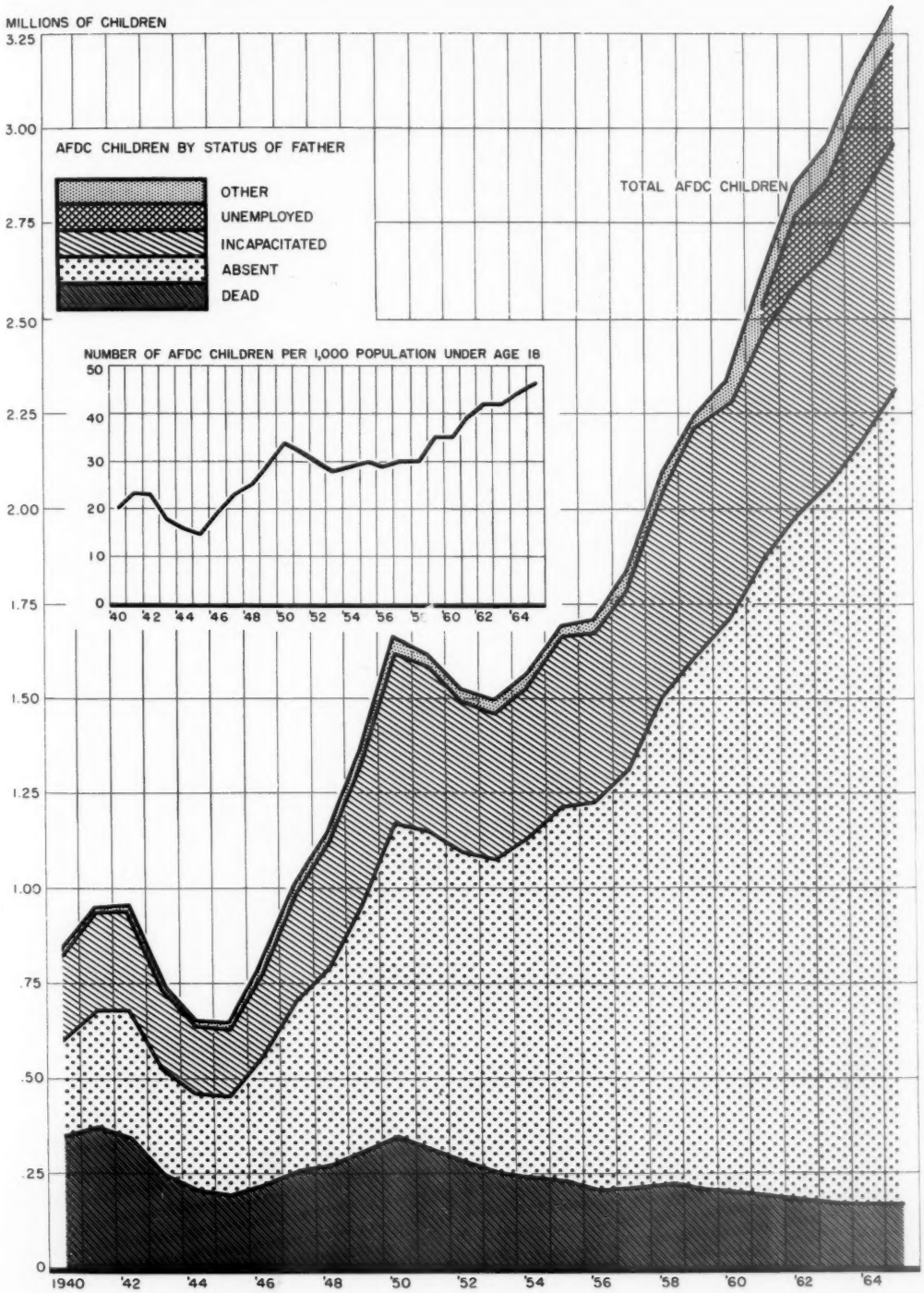
COMPARATIVE DATA

Item	March 1966	February 1966	March 1965
Number of benefits in current-payment status, end of month:			
Total, OASI and DI	21,347,609	21,214,896	19,996,422
Total, OASI	19,517,716	19,415,855	18,393,092
Total, DI	1,829,893	1,799,041	1,603,330
Amount of benefits paid (in thousands):			
Total, OASI and DI	$1,643,997	$1,644,943	$1,408,393
Total, OASI	1,496,992	1,498,943	1,292,520
Total, DI	147,005	145,999	115,873
Number of old-age (retired-worker) benefits:			
Awarded	174,301	141,106	94,483
In current-payment status, end of month	11,273,819	11,233,892	10,772,480
Average old-age (retired-worker) benefit:			
Awarded	$96.62	$97.90	$81.06
In current-payment status, end of month	84.14	84.13	77.88
Number of disability insurance (disabled-worker) benefits:			
Awarded	26,172	24,665	18,021
In current-payment status, end of month	1,022,749	1,011,941	916,775
Average disability insurance (disabled-worker) benefit:			
Awarded	$101.15	$101.16	$93.20
In current-payment status, end of month	97.88	97.84	91.12
Number of persons aged 62 and over receiving monthly benefits, end of month (OASI and DI) 4/	16,359,000	16,305,000	15,660,000
Number of persons aged 65 and over receiving monthly benefits, end of month (OASI and DI) 4/	14,465,000	14,431,000	13,785,000
Assets of trust funds, end of month (in millions):			
OASI	$17,852	$17,733	$18,907
DI	1,572	1,554	1,959
HI (hospital insurance)	311	160	---

1/ Exceeds monthly amount of benefits in current-payment status because initial payments include amounts payable for prior months. Distribution by type of monthly benefit estimated.
2/ Distribution by type of claim for OASI child's benefits estimated.
3/ Average lump sum per worker; there were 89,118 deceased workers represented in the current month's lump-sum awards.
4/ Numbers estimated to the nearest thousand.

Source: Division of the Actuary, Social Security Administration.

NUMBER OF CHILDREN RECEIVING AID TO FAMILIES WITH DEPENDENT CHILDREN BY STATUS OF FATHER, JUNE OF EACH YEAR, 1940 TO DATE



DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Welfare Administration
WASHINGTON, D. C. 20201

OFFICIAL BUSINESS

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